CONTRACT MAY LIGHT AND COMPONENTIAL REPORTATION CONCENTRATED

Hing Entity	6064	Sudy Assillance	TY 201-200 Total flights flavoracy dilut- True-lip installing Otherwise Dressreadile True-lip flavorace	TV 2001 2013 Searchaid Flighte Searchay (After True Sigl	To 2004-200 Introduction (light Security (light True-light	TH 2004 200 for Recip Co Flights Rec (After True	nan feme	nun Cont		and site server freq frequency frequency frequency frequency	Total of press Cont Ope for TH Sen 2000 1	TV 2001-3000 Otherwise immunustile un ily flevense ily flevense	TV 2006 30 Double Reservables Adjustment	O Traces ory Espen Maximum Recom	GLAS (Mark)	men in self-for die (o) deal for self-for 3(f)(2) (	reported SIRC reserve from operated SIRC Sites for	TV 2001 2003 Experient CAP IC Experient After Aft Empetation For CACK Lines	Eligible All	ED TY 200 fine Project K Elgist Lin	ANC DI	ON MAG	GIGS Sing	Typessa Tana Prop Reserve P CROS sa	ne ferre	y Albert (1) day (2) day (3) what (3)	200. TV 20 600 ten ordere Co glate Sig many San o True Jahn	7	rena Gest	la.	Military TV	Seal of legenes of True lign of the 2000. 2021	Transite	Ty 2023 2029 Dealth Removy Adjustment		fracts acc (spectral ARC in Recommen (service) for (service) for (service) for (service) for (service) for (service)	From Projected GMS Green Per	TY 2000 JBC Experient CI Ci Copper Albar AliC Impulsión For CRIC Liters		aces Trace offen Project and Stigli	Date and C	2000 2005 (priced MAS (giller ANC Libers	Projected CROLLINE	Projected	TV 2003-20 Total Bilgi Research True Ally Installed Otherwise Services	rigo Second	TV 2 2024 20 20 1000 00 80g 00 80m 00 80m	St. TV 362 5 No. 1 Sale Gre de Sig say Sans Sans (After	Ladas lesip. top las 192 lesty 1 Ton deep	CORDON		impated SINC Secure From CRIS Since Snacing For Tri	m Eugene	r TV 2634 on Other Op Services	nakir Ex	GS.3004 Tr 3 Addin S Addin S		2003.2004 TV Expected ARC in Examina remain Per Co. NO. (1) Arc in particular Arc in particular Arc in particular Arc in particular	Experted spated ARC 1		Tr 2008 2000 Projected file Eligina ASC	TV 2018. 2 Project of Eligible A	in Transasi à Projected C Elgère		TV 20 25. 2024 Trops and Report that Francisco	
***************************************	American Mannery Manne	nee turi on riigiise turuury turinary, sa sa	179720	AMERICAN STREET		Amount to a	=======================================	and the	=======================================		A Personny many, artists		right from	3			ale and	AND PROPERTY.	-	===	===		Annual Control	=	-			=======================================		manus a		anners out		buttery of	Total Control			=	H	===		Ξ	Ξ			=					manual and		-		==	Marian Ma Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Marian Ma Marian Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	2.00	and the same of	a salegement	name of the last		- Control of the cont	-12	Ξ		Ī

RECEIVED
2023 June 19, AM 10:11
IDAHO PUBLIC
UTILITIES COMMISSION

## Certification of Officer to Authorize an Agent to File Data on Behalf of Reporting Carrier

I certify that (Name of Agent) <u>John Staurulakis</u>, <u>Inc. (JSI)</u> is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staur	ulakis, I	nc. (JSI)								
Name of Reporting Carrier	Blackfoot	Teleph	one Cooperative, Inc.								
Signature of Authorized Officer				Date 6/1	12/2023						
Printed name of Authorized Officer	Stacey 1	Mueller									
Title or position of Authorized Officer	Chief Fin	ancial O	Officer								
Telephone number or Authorized Office	Telephone number or Authorized Officer. (406) 541-5000										
Study Area Code of Reporting Carrier	482235		Filing Due Date for this (mm/dd/yyyy)	s form	06/16/2023						

## Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Blackfoot	Teleph	one Cooperative, Inc.			
Signature of Authorized Officer				Date 6/1	2/2023	
Printed name of Authorized Officer	Stacey 1	Mueller				
Title or position of Authorized Officer	Chief Fina	ancial C	Officer			
Telephone number or Authorized Officer.	(406)	541-5	5000			
Study Area Code of Reporting Carrier	482235		Filing Due Date for this (mm/dd/yyyy)	s form	06/16/2023	

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Blackfoot	Teleph	one Cooperative, Inc.			
Signature of Authorized Officer				Date 6/1	2/2023	
Printed name of Authorized Officer	Stacey 1	Mueller				
Title or position of Authorized Officer	Chief Fin	ancial C	Officer			
Telephone number or Authorized Officer.	(406)	541-5	5000			
Study Area Code of Reporting Carrier	482235		Filing Due Date for this (mm/dd/yyyy)	s form	06/16/2023	

## Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Blackfoot	Teleph	one Cooperative, Inc.		
Signature of Authorized Officer			Date	6/12/2023	
Printed name of Authorized Officer	Stacey 1	Mueller			
Title or position of Authorized Officer	Chief Fina	ancial C	Officer		
Telephone number or Authorized Officer.	(406)	541-5	5000		
Study Area Code of Reporting Carrier	482235		Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	