

TO BE COMPLETED BY THE REPORTING CARRIER,

GWR-T-19-01

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 Cambridge Telephone Co., Inc.

Signature of Authorized Officer *Kristie Kanady*

Date 5/28/2019

Printed name of Authorized Officer Kristie Kanady

Title or position of Authorized Officer Billing Manager

Telephone number of Authorized Officer: (208) 257-3314 ext.

Study Area Code of Reporting Carrier 472215

Filing Due Date for this form
(mm/dd/yyyy)

06/17/2019

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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UTILITIES COMMISSION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, this 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				Cambridge Telephone Co., Inc.	
Signature of authorized officer		<i>Kristie Kanady</i>		Date	5/28/2019
Printed name of authorized officer		Kristie Kanady			
Title or position of authorized officer		Billing Manager			
Telephone number of authorized officer:		(208) 257-3314 ext.			
Study Area Code of Reporting Carrier		472215	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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				Cambridge Telephone Co., Inc.	
Signature of authorized officer		<i>Kristie Kanady</i>		Date	5/28/2019
Printed name of authorized officer		Kristie Kanady			
Title or position of authorized officer		Billing Manager			
Telephone number of authorized officer: (208) 257-3314 ext.					
Study Area Code of Reporting Carrier		472215	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

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

I certify that (Name of Agent) Moss Adams LLP is authorized to submit the 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.

M I d ne@sgndydc @dms Moss Adams LLP			
M I d neQdonqnf B' qtdq Cambridge Telephone Co., Inc.			
Rli nstql ne@sgndydc Netldq <i>Kristie Kanady</i>			C' sd 5/28/2019
Qqmdc mli d ne@sgndydc Netldq Kristie Kanady			
Shld nqonrlhm ne@sgndydc Netldq Billing Manager			
Slddognml ntl adq ne@sgndydc Netldq (208) 257-3314 +dve ^ ^ ^ ^ ^			
Rel cx @p' Bncd neQdonqnf B' qtdq	472215	Elbhf Cl d C' sd enqsgn end 'l l .cc.xxxx(06/17/2019
Odg nmr vllk l ' j hrf e k d r s d l dnr nmsgh end b' mad ot nbgdc ax shnd nqenqhtql t ncdqsgd Bnl l t nlo' shnrr @s ne0823+ 36 T-R-B- m 4/ 1+4/ 2'a(+nqeml nq h oqtrnnl dms t ncdq Shld 07 neqsd T nldc Rl sdr Bncd+07 T-R-B- m 0/ 0-			