

TO BE COMPLETED BY THE REPORTING CARRIER.

GNR-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: CUSTER TEL. COOPERATIVE INC.					
Signature of Authorized Officer: Dennis Thornock			Digitally signed by Dennis Thornock DN:cn=Dennis Thornock,email=dennis@custer tel.cooperative inc.,l=Challis ID 83226, Date:5/28/2019		Date: 5/28/2019
Printed name of Authorized Officer: Dennis Thornock					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 208-879-2281					
Study Area Code of Reporting Carrier	472218		Filing Due Date for this form (mm/dd/yyyy)	6/17/2019	
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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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) <u>National Exchange Carriers Association, Inc.</u> 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 is accurate.					
Name of Authorized Agent : <u>National Exchange Carriers Association, Inc.</u>					
Name of Reporting Carrier: <u>CUSTER TEL. COOPERATIVE INC.</u>					
Signature of Authorized Officer: Dennis Thornock				Digitally signed by Dennis Thornock DN:cn=Dennis Thornock, email=dennis@custer.tel.cooperative inc.,l=Challis ID 83226, Date:5/28/2019 Date: <u>5/28/2019</u>	
Printed name of Authorized Officer: <u>Dennis Thornock</u>					
Title or position of Authorized Officer: <u>Chief Executive Officer</u>					
Telephone number of authorized officer: <u>208-879-2281</u>					
Study Area Code of Reporting Carrier	<u>472218</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/17/2019</u>	
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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: CUSTER TEL. COOPERATIVE INC.

Dennis Thornock

Digitally signed by Dennis Thornock DN:cn=Dennis Thornock,email=dennis@custertel.net,O=custer tel. cooperative inc.,l=Challis ID 83226, Date:5/28/2019

Signature of Authorized Officer or employee:

Date: 5/28/2019

Printed name of Authorized Officer or employee: Dennis Thornock

Title or position of Authorized Officer or employee: Chief Executive Officer

Telephone number of Authorized Officer or employee: 208-879-2281

Study Area Code of Reporting Carrier

472218

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

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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, 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: CUSTER TEL. COOPERATIVE INC.

Dennis Thornock

Digitally signed by Dennis Thornock DN:cn=Dennis Thornock,email=dennis@custertel.net,O=Custer tel. cooperative inc.,l=Challis ID 83226, Date:5/28/2019

Signature of Authorized Officer or employee:

Date: 5/28/2019

Printed name of Authorized Officer or employee: Dennis Thornock

Title or position of Authorized Officer or employee: Chief Executive Officer

Telephone number of Authorized Officer or employee: 208-879-2281

Study Area Code of Reporting Carrier

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