

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: FARMERS MUTUAL TEL CO LTD. - ID					
Signature of Authorized Officer:		Daniel Greig		Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmutc.com,O=farmers mutual tel co ltd. - id,J=Fruitland ID 83619, Date:5/17/2019	
Printed name of Authorized Officer:		Daniel Greig			
Title or position of Authorized Officer:		General Manager			
Telephone number of Authorized Officer:		208-452-3100			
Study Area Code of Reporting Carrier	472221		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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UTILITIES COMMISSION

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>FARMERS MUTUAL TEL CO LTD. - ID</u>					
Signature of Authorized Officer: Daniel Greig				Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmlc.com,O=farmers mutual tel co ltd. - id,1=Fruitland ID 83619, Date:5/17/2019	
Date: <u>5/17/2019</u>					
Printed name of Authorized Officer: <u>Daniel Greig</u>					
Title or position of Authorized Officer: <u>General Manager</u>					
Telephone number of authorized officer: <u>208-452-3100</u>					
Study Area Code of Reporting Carrier	<u>472221</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: FARMERS MUTUAL TEL CO LTD. - ID

Daniel Greig

Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmutc.com,O=farmers mutual tel co ltd. - id,1=Fruitland ID 83619, Date:5/17/2019

Signature of Authorized Officer or employee:

Date: 5/17/2019

Printed name of Authorized Officer or employee: Daniel Greig

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 208-452-3100

Study Area Code of Reporting Carrier

472221

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

6/17/2019

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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: FARMERS MUTUAL TEL CO LTD. - ID

Daniel Greig

Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmlc.com,O=farmers mutual tel co ltd. - id,1=Fruitland ID 83619, Date:5/17/2019

Signature of Authorized Officer or employee:

Date: 5/17/2019

Printed name of Authorized Officer or employee: Daniel Greig

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 208-452-3100

Study Area Code of Reporting Carrier

472221

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

6/17/2019

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Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data

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

Name of Reporting Carrier: Farmers Mutual Telephone Company

Signature of Authorized Officer:

Daniel E. Greig

Date: 05/29/2019

Printed name of Authorized Officer: Daniel E. Greig

Title or position of Authorized Officer General Manager

Telephone number of Authorized Officer 208-452-2000

Study Area Code of Reporting Carrier

472221

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

07/01/2019

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I certify that our company receives or is projected to receive High Cost Loop Support (or Frozen High Cost Support that is based on HCLS or High Cost Model Support) during the period July 2019 through June 2020, but has no monthly residential rates (plus charges as defined) less than \$18.00.