# ATTACHMENT C

## TO BE COMPLETED BY THE REPORTING CARRIER.

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: GOLDEN	WEST-SIOUX VY	·	Digitally signed by Dennis i.	ow DN-cn=Donnie			
Dennis Law			Law,email=dennylaw@gold west-sioux vy,l=Wall SD 57	Data: 5/00/0040			
Signature of Authorized Officer:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 00 0 711 200010101010	Date: 5/20/2016		
Printed name of Authorized Officer:	Dennis Law						
Title or position of Authorized Officer:	General Manage	er/CEO					
Telephone number of Authorized Officer:	605-279-2161						
Study Area Code of Reporting Carrier	391677		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016			
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, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

## 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) National Exchange Carriers Association, Inc. 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 knwoledge, the actual data provided to the Authorized Agent is accurate.						
Name of Authorized Agent :	National Exchange Carrier	rs Association, Inc				
Name of Reporting Carrier: GOLDEN WEST-SIOUX VY						
Signature of Authorized Officer:	Digitally signed by Dennis Law DN:cn=Dennis  Law,email=dennylaw@goldenwest.com,O=golden west-sioux  vy,I=Wall SD 57790-0411, Date:5/20/2016			Date: 5/20/2016		
Printed name of Authorized Officer:		Dennis Law				
Title or position of Authorized Officer: General Manager/CEO						
Telephone number of authorized officer: 605-279-2161						
Study Area Code of Reporting Carri	er 391677	The state of the s	Filing Due Date for this form mm/dd/yyyy)	6/16/2016		
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.						

#### 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: GOLDEN	WEST-SIOUX VY	,				
	Digitalfy signed by Dennis Law DN:cn=Dennis Dennis Law Law,emall=dennylaw@goldenwest.com,O=golden					
west-stoux vy,l=Wall SD 57790-0411, Date:5/20/2016 Signature of Authorized Officer or employee:					Date: 5/20/2016	
Printed name of Authorized Officer or employee: Dennis Law						
Title or position of Authorized Officer or employee: General Manager/CEO						
Telephone number of Authorized Officer or employee: 605-279-2161						
Study Area Code of Reporting Carrier	391677		illng Due Date for this form nm/dd/yyyy)	6/16/2016		
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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: GOLDEN	WEST-SIOUX V	Υ					
Digitally signed by Dennis Law DN:cn=Dennis  Dennis Law Law,email=dennytaw@goldenwest.com,0=golden west-stoux vy,I=VVall SD 57790-0411, Date:5/20/2016  Signature of Authorized Officer or employee:				/est.com,O=goklen	Date:	5/20/2016	
Printed name of Authorized Officer or employe	ee:	Dennis Law					
Title or position of Authorized Officer or employee: General Manager/CEO							
Telephone number of Authorized Officer or employee: 605-279-2161							
Study Area Code of Reporting Carrier	391677		Filing Due Date for this form (mm/dd/yyyy)	6/16/2016			
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.							