# CERTIFICATIONS (WESTERN)

## 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 Carrier Association, Inc. (NECA). Is authorized to submit the information reported on behalf 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 National Exchange Carrier Association, Inc. (NECA)								
Name of Reporting Carrier Venture Communications (Western)								
Signature of Authorized Officer		<sub>Date</sub> 5/25/2016						
Printed name of Authorized Officer Randy W. Houdek								
Title or position of Authorized Officer General Manager/CEO								
Telephone number of Authorized Officer: (605) 852-2224, ext.								
Study Area Code of Reporting Carrier	391688	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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported							
l 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 Venture Cor	mnunisations (	(Western)					
Signature of Authorized Officer					<sub>Date</sub> 5/25/2016		
Printed name of Authorized Officer Randy	Printed name of Authorized Officer Randy W. Houdek						
Title or position of Authorized Officer General Manager/CEO							
Telephone number of Authorized Officer: (605) 852-2224 ext.							
Study Area Code of Reporting Carrier	391688	Filing Due Date for thi (mm/dd/yyyy)	nis form	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, 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 Venture Communications (Western)							
Signature of authorized officer	1/Hall	olek	Date	5/25/2016			
Printed name of authorized officer Randy W. Houdek							
Title or position of authorized officer General Manager/CEO							
Telephone number of authorized officer: (6	05) 852-2224						
Study Area Code of Reporting Carrier	391688	Filing Due Date for this form (mm/dd/yyyy)	6/16/2016	State of the state			
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

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