

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

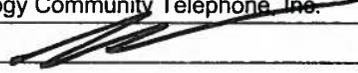
**Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier**

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. 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.

Name of Authorized Agent National Exchange Carrier Association, Inc. (NECA)

Name of Reporting Carrier Knology Community Telephone, Inc.

Signature of Authorized Officer



Date 5/23/2012

Printed name of Authorized Officer Chad Wachter

Title or position of Authorized Officer Vice-President, General Counsel

Telephone number of Authorized Officer (706) 634-2663 ext

Study Area Code of Reporting Carrier 391652

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

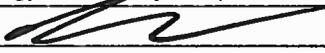
06/18/2012

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**

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 <b>Knology Community Telephone, Inc.</b>			
Signature of Authorized Officer 			Date <b>5/23/2012</b>
Printed name of Authorized Officer <b>Chad Wachter</b>			
Title or position of Authorized Officer <b>Vice-President, General Counsel</b>			
Telephone number of Authorized Officer: <b>(706) 634-2663</b> ext.			
Study Area Code of Reporting Carrier	<b>391652</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/18/2012</b>
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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				Knology Community Telephone, Inc.	
Signature of authorized officer			Date		5/23/2012
Printed name of authorized officer				Chad Wachter	
Title or position of authorized officer				Vice-President, General Counsel	
Telephone number of authorized officer				(706) 634-2663	
Study Area Code of Reporting Carrier		391652	Filing Due Date for this form (mm/dd/yyyy)	06/18/2012	
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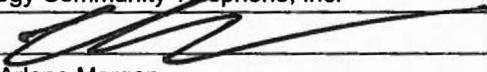
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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		Knology Community Telephone, Inc.	
Signature of authorized officer		Date	5/23/2012
Printed name of authorized officer		Chad Wachter	
Title or position of authorized officer		Vice-President, General Counsel	
Telephone number of authorized officer: (706) 634-2663			
Study Area Code of Reporting Carrier	391652	Filing Due Date for this form (mm/dd/yyyy)	06/18/2012
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.			

**Rate Floor Data**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING RATE FLOOR DATA ON THE CARRIER'S BEHALF:

<p><b>Certification of Officer to Authorize an Agent to File Rate Floor Data on Behalf of Reporting Carrier</b></p> <p>I certify that <u>National Exchange Carrier Association (NECA)</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 actual rate floor data provided to the authorized agent; and, to the best of my knowledge, the actual rate floor data provided to the authorized agent is accurate.</p> <p>I certify that I am authorized to submit the information reported on this form on behalf of the reporting carrier; that I have provided the information reported herein based on data provided by the reporting carrier; and to the best of my knowledge the information reported herein is accurate.</p>			
Name of Authorized Agent <u>National Exchange Carrier Association (NECA)</u>			
Name of Reporting Carrier <u>Knology Community Telephone, Inc.</u>			
Signature of authorized officer 			Date <u>06/07/2012</u>
Printed name of authorized officer <u>Arlene Morgan</u>			
Title or position of authorized officer <u>Directory - Regulatory Compliance</u>			
Telephone number of authorized officer: <u>(706) 645-8116</u> ext.			
Study Area Code of Reporting Carrier	<u>391652</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>7/1/2012</u>

Rate Floor Template

**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 <b>Knology Community Telephone, Inc.</b>			
Signature of authorized officer 			Date <b>06/07/2012</b>
Printed name of authorized officer <b>Chad Wachter</b>			
Title or position of authorized officer <b>Vice-President, General Counsel</b>			
Telephone number of authorized officer: <b>(706) 634-2663 ext.</b>			
Study Area Code of Reporting Carrier	<b>391652</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>7/1/2012</b>
<input checked="" type="checkbox"/> I certify that our company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2012 and has no monthly residential rates (plus charges as defined) less than \$10.			