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 knwoledge, the actual data provided to the Authorized Agent is accurate.**

Name of Authorized Agent: National Exchange Carrier Association, Inc.

Name of Reporting Carrier: GUNNISON TEL. CO.

Signature of authorized officer: Natalie Gleave	Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel. co.,l=Gunnison UT 84634, Date:5/18/2026	Date: 5/18/2026

Printed name of authorized officer: Natalie Gleave

Title or position of authorized officer: Controller/Director

Telephone number of authorized officer: 435-528-7236

Study Area Code of Reporting Carrier:	502279		Filing Due Date for this form (mm/dd/yyyy)	6/16/2026	

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: GUNNISON TEL. CO.		
Signature of authorized officer: Natalie Gleave	Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel. co.,l=Gunnison UT 84634, Date:5/18/2026	Date: 5/18/2026
Printed name of authorized officer: Natalie Gleave		
Title or position of authorized officer: Controller/Director		
Telephone number of authorized officer: 435-528-7236		

Study Area Code of Reporting Carrier:	502279		Filing Due Date for this form (mm/dd/yyyy)	6/16/2026	

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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: GUNNISON TEL. CO.

Signature of authorized officer or employee: Natalie Gleave	Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel. co.,l=Gunnison UT 84634, Date:5/18/2026	Date: 5/18/2026

Printed name of authorized officer or employee: Natalie Gleave

Title or position of authorized officer or employee: Controller/Director

Telephone number of authorized officer or employee: 435-528-7236

Study Area Code of Reporting Carrier:	502279		Filing Due Date for this form (mm/dd/yyyy)	6/16/2026	

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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: GUNNISON TEL. CO.		
Signature of authorized officer or employee: Natalie Gleave	Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel. co.,l=Gunnison UT 84634, Date:5/18/2026	Date: 5/18/2026
Printed name of authorized officer or employee: Natalie Gleave		
Title or position of authorized officer or employee: Controller/Director		
Telephone number of authorized officer or employee: 435-528-7236		

Study Area Code of Reporting Carrier:	502279		Filing Due Date for this form (mm/dd/yyyy)	6/16/2026	

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