

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 is accurate.

Name of Authorized Agent: [National Exchange Carrier Association, Inc.](#)

Name of Reporting Carrier: [UNITED TELEPHONE MUTUAL AID CORP.](#)

Signature of authorized officer: [Steve Swanson](#)

Digitally signed by Steve Swanson DN:cn=Steve Swanson,email=steves@corp.utma.com,O=united telephone mutual aid corp.,l=Langdon ND 58249-0729, Date:5/19/2026

Date: [5/19/2026](#)

Printed name of authorized officer: [Steve Swanson](#)

Title or position of authorized officer: [General Manager/CEO](#)

Telephone number of authorized officer: [701-256-5156](#)

Study Area Code of Reporting Carrier:

[381636](#)

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.