

**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: [DAKOTA CENTRAL TELECOMMUNICATIONS COOPERATIVE](#)

Signature of authorized officer: [Holly Utke](#)

Digitally signed by Holly Utke DN:cn=Holly Utke,email=hollyu@dakotacentral.com,O=dakota central telecommunications cooperative,l=Carrington ND 58421, Date:5/26/2026

Date: [5/26/2026](#)

Printed name of authorized officer: [Holly Utke](#)

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

Telephone number of authorized officer: [701-652-6134](#)

Study Area Code of Reporting Carrier:

[381610](#)

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.