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

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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 | John Staurulakis, Inc. (JSI) | | | |
| Name of Reporting Carrier | **Knology of the Valley, Inc.** | | | |
| Signature of Authorized Officer | | | Date<br>06-07-2024 | |
| Printed name of Authorized Officer | Yoly Coffman | | | |
| Title or position of Authorized Officer | Manager Regulatory Compliance | | | |
| Telephone number or Authorized Officer. | (706) 645- 8116 | | | |
| Study Area Code of Reporting Carrier | **220371** | [redacted] | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2024 [redacted] |

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.

**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 | **Knology of the Valley, Inc.** | | | |
| Signature of Authorized Officer | | | Date<br>06-07-2024 | |
| Printed name of Authorized Officer | Yoly Coffman | | | |
| Title or position of Authorized Officer | Manager Regulatory Compliance | | | |
| Telephone number or Authorized Officer. | (706) 645- 8116 | | | |
| Study Area Code of Reporting Carrier | **220371** | [redacted] | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2024 [redacted] |

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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 of the Valley, Inc.** | | | |
| Signature of Authorized Officer | | | Date<br>06-07-2024 | |
| Printed name of Authorized Officer | Yoly Coffman | | | |
| Title or position of Authorized Officer | Manager Regulatory Compliance | | | |
| Telephone number or Authorized Officer. | (706) 645- 8116 | | | |
| Study Area Code of Reporting Carrier | **220371** | | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2024 |

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.

**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 | **Knology of the Valley, Inc.** | | |
| Signature of Authorized Officer | | Date | 06-07-2024 |
| Printed name of Authorized Officer | Yoly Coffman | | |
| Title or position of Authorized Officer | Manager Regulatory Compliance | | |
| Telephone number or Authorized Officer. | (706) 645- 8116 | | |
| Study Area Code of Reporting Carrier | **220371** | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2024 |

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.