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 06-09-2025	
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)	06/16/2025	

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.