

**Affirmation, Attestation, and Certification of Service in Claimed Targeted Service Areas
Broadband Grants Program Public Comment Validation Process for NOFA #002**

A. COMPANY INFORMATION			
Company Name: SCHALLER TELEPHONE COMPANY			
Address: 111 WEST SECOND STREET			
City: SCHALLER	State: IA	Zip: 51053	

B. DESIGNATED CONTACT INFORMATION			
Contact Name	MISSY KESTEL	Phone #	(712) 275 - 4211
Email:	ALLISON@SCHALLERTEL.NET		


C. CERTIFICATION/ATTESTATION/AFFIRMATION	
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In signing and submitting this form, the above-identified company, and its duly authorized representative signing on behalf thereof, or you as an individual if you are not submitting this form on behalf of an entity, hereby affirms, attests, and certifies under penalty of perjury that, as represented in the table below:

1. If submitted on behalf of a Communications Service Provider, that the above-identified company, consistent with the representations in the table below currently offers or Facilitates Broadband service at or above twenty-five (25) megabits per second of download speed and three (3) megabits per second of upload speed ("25/3 Broadband") in the below-identified Targeted Service Areas forming the basis of an Application received by the Office pursuant to the Broadband Grants Program, Iowa Code section 8B.11.
2. If submitted by or on behalf of a person other than a Communication's Service Provider (e.g., consumer, business, farm), the above-identified entity or individual, consistent with the representations in the table below is currently offered or could receive within a reasonable period of time at a reasonable price 25/3 Broadband in the below-identified Targeted Service Areas forming the basis of an Application received by the Office pursuant to the Broadband Grants Program, Iowa Code section 8B.11.

CENSUS BLOCK ID OF TARGETED SERVICE AREA IN WHICH 25/3 OFFERED OR FACILITATED (please attach additional pages if necessary)	25/3 CURRENTLY OFFERED OR FACILITATED AS OF DATE OF SIGNATURE BELOW
See attached Schaller exchange census blocks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
See attached Kiron exchange census blocks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No Response
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response

	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response

D. SIGNATURE*		
Authorized Signature:		Date:
Printed Name:	Bob Boeckman	

*PLEASE READ BEFORE SIGNING: By affixing my signature above, I, on my own behalf or as a representative of the company identified above, as applicable, expressly represent that I am authorized to make the above factual representation on behalf of said company and/or myself, as applicable, and under penalty of perjury as authorized by Iowa Code section 622.1 and pursuant to the laws of the state of Iowa, certify the following with respect to this form submitted on behalf of said company and/or myself: any statements, representations, warranties, certifications, or attestations made in this form, including any attachments or enclosures associated therewith, are true and accurate; I, on behalf of said company and/or myself, have not knowingly made any false statements or representations in this form. In addition to any criminal penalties authorized by Iowa Code section 720.2 that may result from any false statements of material fact made herein or any other remedies available at law, equity, or otherwise, if it is subsequently determined that I have made a statement, representation, warranty, certification, or attestation in this form, or any attachments or enclosures associated herewith, that is later proven untrue in any material respect, the company on which I submitted this form on behalf of may be disqualified from current incentive programs administered by the Office or may be ordered to repay the Office the entire amount of any funds previously distributed by the Office to said company in connection with any current incentive programs administered by the Office. OCIO makes no guarantees as to whether the information supplied by you will result in any change to the Broadband Availability Map or the way any incentive decisions are reviewed, scored, or decided. This form, as completed, any attachments hereto, and any other information or materials submitted to the Office in connection with this form or related inquiry, shall be considered public records and shall be made available for public examination and/or disseminated upon request by third parties as required by Iowa Code chapter 22. The Office reserves the right to reject this form and relatedly consider any information communicated through this form as neither credible nor probative if this form is not fully and properly filled out.