



FCC Form 2301(b)	Estimated Time Per Response: 5 Hours
Inmate Calling Services Annual Certification Form	
Please Read Instructions Before Completing (To Be Completed by Service Provider)	

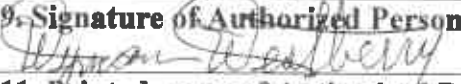
1. Name of Service Provider ATN, Inc.	2. Reporting Year 2016	
3. Officer Name, Title Wyman Westberry, CEO		
4. Mailing Address of Officer Street Address 913 Dilworth Street		
City St. Marys	State Georgia	Zip Code 31558
5. Telephone Number 912-673-6000		
6. Email Address mompop@net-magic.net		

Block 2: Certification

The chief executive officer (CEO), chief financial officer (CFO), or other senior executive with first-hand knowledge of the accuracy and completeness of the information provided must certify as follows:

I swear under penalty of perjury that:

- (i) I Wyman Westberry, CEO (name and title), am an officer of the above-named service provider and am authorized to submit the attached Annual Reports on behalf of the service provider;
- (ii) I have examined the attached Annual Reporting Forms and all requested information has been provided;
- (iii) Based on information known to me, or provided to me by employees responsible for the data being submitted, all statements of fact, as well as all data, are true and accurate; and
- (iv) The above-named service provider is in compliance with the Federal Communications Commission's rules governing inmate calling services (ICS). I acknowledge that failure to comply with the rules governing ICS may result in civil or criminal prosecution.

9. Signature of Authorized Person 	10. Date 06/28/2017
11. Printed name of Authorized Person Wyman Westberry	