

TO BE COMPLETED BY THE REPORTING CARRIER,

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

Signature of Authorized Officer

Brenda S. Hallard

Date

Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number of Authorized Officer: () - , ext.

Study Area Code of Reporting Carrier

Filing Due Date for this form
(mm/dd/yyyy)

06/16/2016

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier

Signature of authorized officer

Shonda S. Holland

Date

Printed name of authorized officer

Title or position of authorized officer

Telephone number of authorized officer: () - , ext.

Study Area Code of Reporting Carrier

Filing Due Date for this form
(mm/dd/yyyy)

06/16/2016

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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).

Part 1: Carrier Information

Carrier Name: *Shirley S. Holland*

Office

Carrier Address: _____

Carrier Phone: _____

Carrier Email: _____

Carrier Signature: _____

Date: *06/16/2016*

06/16/2016

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