

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

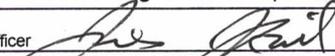
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Laurel Highland Telephone Company	
Signature of authorized officer			Date		05/25/2018
Printed name of authorized officer			James J Kail		
Title or position of authorized officer			President & CEO		
Telephone number of authorized officer:			(724)593-2411		
Study Area Code of Reporting Carrier		170179	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
<p>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.</p>					

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 **Laurel Highland Telephone Company**

Signature of Authorized Officer 

Date **May 25, 2018**

Printed name of Authorized Officer **James J Kail**

Title or position of Authorized Officer **President & CEO**

Telephone number of Authorized Officer: (724) 593 - 2411 , ext. _____

Filing Due Date for this form

170179

(mm/dd/yyyy)

06/18/2018

Study Area Code of Reporting Carrier

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