

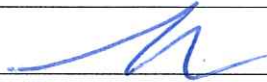
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer



Date 5/31/18

Printed name of Authorized Officer Andrew Rein

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer. (843) 686 1246 ext. _ _ _ _

Study Area Code of Reporting Carrier

220369


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

06/18/2018

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.

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	ComSouth Telecommunications, Inc.		
Signature of Authorized Officer		Date	5/31/18
Printed name of Authorized Officer	Andrew Rein		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(843) 686 1246 ext. _ _ _ _		
Study Area Code of Reporting Carrier	220369	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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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 **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer



Date **5/31/18**

Printed name of Authorized Officer **Andrew Rein**

Title or position of Authorized Officer **CFO**

Telephone number of Authorized Officer. **(843) 686 1246 ext. _ _ _ _**

Study Area Code of Reporting Carrier

220369

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

06/18/2018

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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, the 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 **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer



Date

5/31/18

Printed name of Authorized Officer **Andrew Rein**

Title or position of Authorized Officer **CFO**

Telephone number or Authorized
Officer.

(843) 686 1246 ext. **_____**

Study Area Code of Reporting Carrier

220369

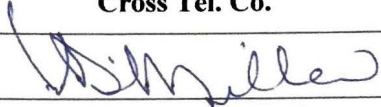
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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	Cross Tel. Co.		
Signature of Authorized Officer		Date	5-25-18
Printed name of Authorized Officer	V. David Miller		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(918) 463 2921 ext. _____		
Study Area Code of Reporting Carrier	431985	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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.

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, the 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 **Cross Tel. Co.**

Signature of Authorized Officer

V. David Miller

Date

5-25-18

Printed name of Authorized Officer

V. David Miller

Title or position of Authorized Officer

President

Telephone number or Authorized Officer.

(918) 463 2921 ext. _____

Study Area Code of Reporting Carrier

431985

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

06/18/2018

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.

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 **Cross Tel. Co.**

Signature of Authorized Officer

[Handwritten Signature]

Date

5.25.18

Printed name of Authorized Officer

v. David Miller

Title or position of Authorized Officer

President

Telephone number or Authorized Officer.

(918) 463 2921 ext. *----*

Study Area Code of Reporting Carrier

431985

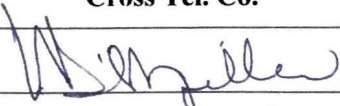
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Cross Tel. Co.		
Signature of Authorized Officer		Date	5-25-18
Printed name of Authorized Officer	V. Daniel Miller		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(918) 463 2921 ext. _____		
Study Area Code of Reporting Carrier	431985	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
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Eastex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Steve Alexander

Date 5/30/2018

Printed name of Authorized Officer

Steve Alexander

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer. (903) 854 1000 ext. _ _ _ _

Study Area Code of Reporting Carrier

442068


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

06/18/2018

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.

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	Eastex Telephone Cooperative, Inc.			
Signature of Authorized Officer			Date	5/30/2018
Printed name of Authorized Officer	Steve Alexander			
Title or position of Authorized Officer	CFO			
Telephone number or Authorized Officer.	(903) 854 1000 ext. _ _ _ _			
Study Area Code of Reporting Carrier	442068		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.				

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 **Eastex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Steve Alexander

Date

5/30/2018

Printed name of Authorized Officer

Steve Alexander

Title or position of Authorized Officer

CFO

Telephone number of Authorized
Officer.

(903) 854 1000 ext. _ _ _ _

Study Area Code of Reporting Carrier

442068


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

06/18/2018

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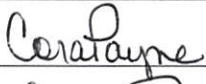
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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	Eastex Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	5/30/2018
Printed name of Authorized Officer	Steve Alexander		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(903) 854 1000 ext. _ _ _ _		
Study Area Code of Reporting Carrier	442068	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Ellijay Telephone Company		
Signature of Authorized Officer		Date	5-30-18
Printed name of Authorized Officer	Cora Payne		
Title or position of Authorized Officer	Exec. Secretary		
Telephone number of Authorized Officer.	(766) 697 5535 ext. _ _ _ _		
Study Area Code of Reporting Carrier	220360	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	Ellijay Telephone Company		
Signature of Authorized Officer	Cora Payne	Date	5-30-18
Printed name of Authorized Officer	Cora Payne		
Title or position of Authorized Officer	Exec. Secretary		
Telephone number or Authorized Officer.	(206) 697 5535 ext. _ _ _ _		
Study Area Code of Reporting Carrier	220360	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

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	Ellijay Telephone Company		
Signature of Authorized Officer	<i>Cora Payne</i>	Date	<i>5-30-18</i>
Printed name of Authorized Officer	<i>Cora Payne</i>		
Title or position of Authorized Officer	<i>Exec. Secretary</i>		
Telephone number or Authorized Officer.	<i>(706) 697 5535</i> ext. <i>----</i>		
Study Area Code of Reporting Carrier	220360	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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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, the 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	Ellijay Telephone Company		
Signature of Authorized Officer	<i>Cora Payne</i>	Date	<i>5-30-18</i>
Printed name of Authorized Officer	<i>Cora Payne</i>		
Title or position of Authorized Officer	<i>Exec. Secretary</i>		
Telephone number or Authorized Officer.	<i>(706) 697 5535 ext. _ _ _ _</i>		
Study Area Code of Reporting Carrier	220360	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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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, the 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 **Etex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Charlie Cano

Date

5-30-18

Printed name of Authorized Officer

Charlie Cano

Title or position of Authorized Officer

General Manger/CEO

Telephone number of Authorized Officer.

(903) 797-2711 ext. 1186

Study Area Code of Reporting Carrier

442070

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

06/18/2018

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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 **Etex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Charlie Cano

Date

5-30-18

Printed name of Authorized Officer

Charlie Cano

Title or position of Authorized Officer

General Manager/CEO

Telephone number of Authorized Officer.

(903) 797-2711 ext. 1186

Study Area Code of Reporting Carrier

442070

Filing Due Date for this form
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06/18/2018

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**Certification of Officer
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I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Etex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Charlie Cano

Date

5-30-18

Printed name of Authorized Officer Charlie Cano

Title or position of Authorized Officer General Manager/CEO

Telephone number or Authorized Officer. (903) 797-2711 ext. 1186

Study Area Code of Reporting Carrier

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Filing Due Date for this form
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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 **Etex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Charlie Cano

Date

5-30-18

Printed name of Authorized Officer

Charlie Cano

Title or position of Authorized Officer

General Manager/CEO

Telephone number or Authorized
Officer.

(903) 797-2711 ext. 1186

Study Area Code of Reporting Carrier

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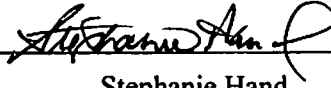
**Certification of Officer
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Bruce Telephone Company, Inc.**

Signature of Authorized Officer



Date
5/30/18

Printed name of Authorized Officer Stephanie Hand

Title or position of Authorized Officer CFO

Telephone number or Authorized Officer. (601) 764 - 3463 ext. 8080

Study Area Code of Reporting Carrier 280447

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

06/18/2018

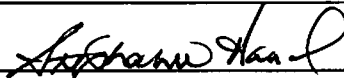
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **Bruce Telephone Company, Inc.**

Signature of Authorized Officer



Date

5/30/18

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized
Officer.

(601) 764 - 3463 ext. 8080

Study Area Code of Reporting Carrier

280447

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

06/18/2018

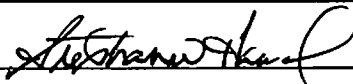
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier **Bruce Telephone Company, Inc.**

Signature of Authorized Officer



Date

5/31/18

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764 - 3463 ext. 8080

Study Area Code of Reporting Carrier

280447

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

06/18/2018

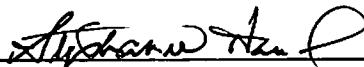
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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 **Bruce Telephone Company, Inc.**

Signature of Authorized Officer



Date

5/30/18

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number or Authorized
Officer.

(601) 764 – 3463 ext. 8080

Study Area Code of Reporting Carrier

280447

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

06/18/2018

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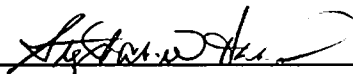
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Chickamauga Telephone Corporation**

Signature of Authorized Officer



Date
5/30/18

Printed name of Authorized Officer Stephanie Hand

Title or position of Authorized Officer CFO

Telephone number or Authorized Officer. (601) 764 - 3463 ext. 8080

Study Area Code of Reporting Carrier

220354

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

06/18/2018

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.

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	Chickamauga Telephone Corporation
---------------------------	--

Signature of Authorized Officer		Date	5/30/18
---------------------------------	---	------	---------

Printed name of Authorized Officer	Stephanie Hand
------------------------------------	-----------------------

Title or position of Authorized Officer	CFO
---	------------

Telephone number or Authorized Officer.	(601) 764 - 3463 ext. 8080
---	-------------------------------------

Study Area Code of Reporting Carrier	220354		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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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.

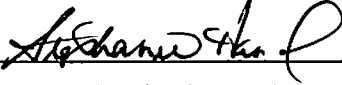
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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		Chickamauga Telephone Corporation	
Signature of Authorized Officer		Date 5/30/18	
Printed name of Authorized Officer		Stephanie Hand	
Title or position of Authorized Officer		CFO	
Telephone number or Authorized Officer.		(601) 764 - 3463 ext. 8080	
Study Area Code of Reporting Carrier	220354	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

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, the 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		Chickamauga Telephone Corporation	
Signature of Authorized Officer			Date 5/30/18
Printed name of Authorized Officer		Stephanie Hand	
Title or position of Authorized Officer		CFO	
Telephone number of Authorized Officer.		(601) 764 - 3463 ext. 8080	
Study Area Code of Reporting Carrier	220354	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

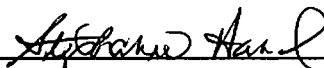
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Fulton Telephone Company, Inc.**

Signature of Authorized Officer



Date

5/30/18

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

(601) 764 - 3463 ext. 8080

Study Area Code of Reporting Carrier

280455

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

06/18/2018

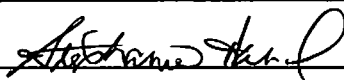
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Fulton Telephone Company, Inc.**

Signature of Authorized Officer



Date

5/30/18

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764-3463 ext. 8080

Study Area Code of Reporting Carrier

280455

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

06/18/2018

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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	Fulton Telephone Company, Inc.
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Signature of Authorized Officer		Date	5/30/18
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Printed name of Authorized Officer	Stephanie Hand
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Title or position of Authorized Officer	CFO
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Telephone number or Authorized Officer.	(601) 764 - 3463 ext. 8080
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Study Area Code of Reporting Carrier	280455		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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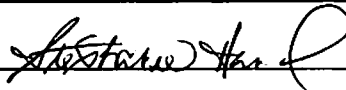
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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 **Fulton Telephone Company, Inc.**

Signature of Authorized Officer



Date

5/30/18

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764 - 3463 ext. 8080

Study Area Code of Reporting Carrier

280455

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

06/18/2018

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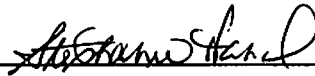
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Mound Bayou Telephone & Communications, Inc.**

Signature of Authorized Officer



Date

5/30/18

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764 - 3463 ext. 8080

Study Area Code of Reporting Carrier

280462

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

06/18/2018

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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	Mound Bayou Telephone & Communications, Inc.
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Signature of Authorized Officer		Date	5/30/18
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Printed name of Authorized Officer	Stephanie Hand
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Title or position of Authorized Officer	CFO
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Telephone number or Authorized Officer.	(601) 764 - 3463 ext. 8080
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Study Area Code of Reporting Carrier	280462		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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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).


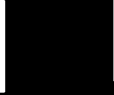
Name of Reporting Carrier	Mound Bayou Telephone & Communications, Inc.
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Signature of Authorized Officer		Date	5/30/18
---------------------------------	---	------	---------

Printed name of Authorized Officer	Stephanie Hand
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Title or position of Authorized Officer	CFO
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Telephone number or Authorized Officer.	(601) 764 - 3463 ext. 8080
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Study Area Code of Reporting Carrier	280462		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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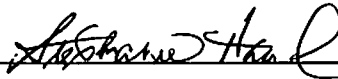
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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 **Mound Bayou Telephone & Communications, Inc.**

Signature of Authorized Officer



Date

5/30/18

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number or Authorized
Officer.

(601) 764 - 3463 ext. 8080

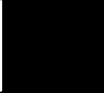
Study Area Code of Reporting Carrier

280462



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

06/18/2018



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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)
--------------------------	------------------------------

Name of Reporting Carrier	Farmers Telephone Cooperative, Inc.
---------------------------	-------------------------------------

Signature of Authorized Officer		Date	6/8/2018
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Printed name of Authorized Officer	Jeffrey L. Lawrimore
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Title or position of Authorized Officer	Chief Financial Officer
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Telephone number or Authorized Officer.	(843) 382-1381 ext. _ _ _ _
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Study Area Code of Reporting Carrier	240520		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

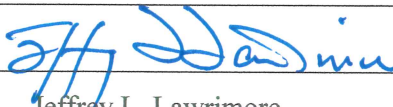
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Farmers Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6/8/2018
Printed name of Authorized Officer	Jeffrey L. Lawrimore		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(843) 382-1381 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240520	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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

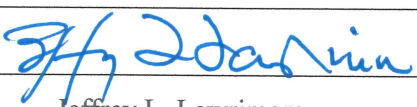
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier	Farmers Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6/8/2018
Printed name of Authorized Officer	Jeffrey L. Lawrimore		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(843) 382-1381 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240520	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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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, the 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	Farmers Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6/8/2018
Printed name of Authorized Officer	Jeffrey L. Lawrimore		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer.	(843) 382-1381 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240520	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Fremont Telecom Co.**

Signature of Authorized Officer

Date

6/7/18

Printed name of Authorized Officer

Stacey Mueller

Title or position of Authorized Officer

Chief Financial Officer

Telephone number or Authorized Officer.

(406) 541 5424 ext. _____

Study Area Code of Reporting Carrier

472222

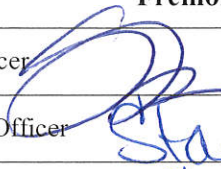
Filing Due Date for this form
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06/18/2018

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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				Fremont Telcom Co.	
Signature of Authorized Officer			Date		
			6/7/18		
Printed name of Authorized Officer					
Stacey Mueller					
Title or position of Authorized Officer					
Chief Financial Officer					
Telephone number of Authorized Officer.					
(406) 541 5424 ext. _ _ _ _					
Study Area Code of Reporting Carrier		472222		Filing Due Date for this form (mm/dd/yyyy)	
				06/18/2018	
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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 **Fremont Telecom Co.**

Signature of Authorized Officer 

Date

6/7/18

Printed name of Authorized Officer

Stacey Mueller

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(406) 541 5424 ext. _____

Study Area Code of Reporting Carrier

472222

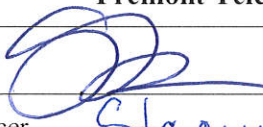
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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

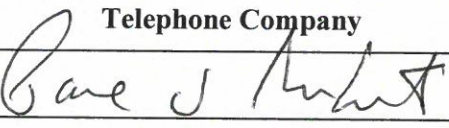
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier				Fremont Telcom Co.	
Signature of Authorized Officer					
Date			6/7/18		
Printed name of Authorized Officer				Stacy Mueller	
Title or position of Authorized Officer				Chief Financial Officer	
Telephone number of Authorized Officer.				(406) 541 5424 ext. _ _ _ _	
Study Area Code of Reporting Carrier		472222	Filing Due Date for this form (mm/dd/yyyy)		06/18/2018
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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 **Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company**

Signature of Authorized Officer  Date 5/30/18

Printed name of Authorized Officer Paul D. Gearheart

Title or position of Authorized Officer President

Telephone number or Authorized Officer. (606) 479-6254 ext. _ _ _ _

Study Area Code of Reporting Carrier	260408		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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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, the 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 **Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company**

Signature of Authorized Officer

Paul D. Gearheart

Date

5/30/18

Printed name of Authorized Officer

Paul D. Gearheart

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

(606) 479-6254 ext. _ _ _ _

Study Area Code of Reporting Carrier

260408

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

06/18/2018

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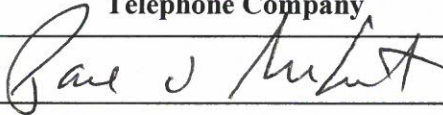
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Gearheart Communications Company, Inc. d/b/a Coalfields
Telephone Company**

Signature of Authorized Officer



Date

5/30/18

Printed name of Authorized Officer Paul D. Gearheart

Title or position of Authorized Officer President

Telephone number or Authorized Officer. (606) 479-6254 ext. _ _ _ _

Study Area Code of Reporting Carrier

260408

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

06/18/2018

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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 **Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company**

Signature of Authorized Officer

Paul D. Gearheart

Date

5/30/18

Printed name of Authorized Officer

Paul D. Gearheart

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

(606) 479-6254 ext. _ _ _ _

Study Area Code of Reporting Carrier

260408

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

06/18/2018

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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Grand River Mutual Telephone Company**

Signature of Authorized Officer Mark Yungeberg Date 5/30/18

Printed name of Authorized Officer Mark Yungeberg

Title or position of Authorized Officer Vice President

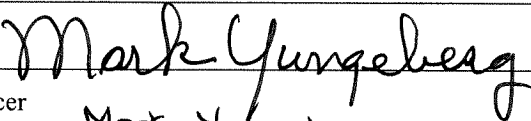
Telephone number of Authorized Officer. (660) 748 3231 ext.

Study Area Code of Reporting Carrier	351888		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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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.

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		Grand River Mutual Telephone Company	
Signature of Authorized Officer		Date	5/30/18
Printed name of Authorized Officer		Mark Yungeberg	
Title or position of Authorized Officer		Vice President	
Telephone number of Authorized Officer.		(660) 7483231 ext. _____	
Study Area Code of Reporting Carrier	351888	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

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		Grand River Mutual Telephone Company	
Signature of Authorized Officer		Date	
Mark Yungeberg		5/30/18	
Printed name of Authorized Officer			
Mark Yungeberg			
Title or position of Authorized Officer			
Vice President			
Telephone number or Authorized Officer.			
(660) 748 3231 ext. _ _ _ _			
Study Area Code of Reporting Carrier	351888	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

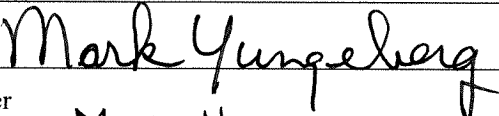
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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		Grand River Mutual Telephone Company	
Signature of Authorized Officer	<i>Mark Yungeberg</i>	Date	<i>5/30/18</i>
Printed name of Authorized Officer	<i>Mark Yungeberg</i>		
Title or position of Authorized Officer	<i>Vice President</i>		
Telephone number or Authorized Officer.	<i>(660) 748 3231</i> ext. <i>----</i>		
Study Area Code of Reporting Carrier	351888	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Grand River Mutual Telephone Company		
Signature of Authorized Officer			Date 5/30/18
Printed name of Authorized Officer	Mark Yungeberg		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	(660) 748 3231 ext. _ _ _ _		
Study Area Code of Reporting Carrier	421888	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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.

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	Grand River Mutual Telephone Company		
Signature of Authorized Officer	<i>Mark Yungeberg</i>		Date <i>5/30/18</i>
Printed name of Authorized Officer	<i>Mark Yungeberg</i>		
Title or position of Authorized Officer	<i>Vice President</i>		
Telephone number or Authorized Officer.	<i>(660) 748 3231</i> ext. _____		
Study Area Code of Reporting Carrier	421888	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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.

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		Grand River Mutual Telephone Company	
Signature of Authorized Officer		Date	
Mark Yungeberg		5/30/18	
Printed name of Authorized Officer			
Mark Yungeberg			
Title or position of Authorized Officer			
Vice President			
Telephone number or Authorized Officer.			
(660) 748 3231 ext. _ _ _ _			
Study Area Code of Reporting Carrier	421888	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			


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, the 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		Grand River Mutual Telephone Company	
Signature of Authorized Officer		<i>Mark Yungeberg</i>	Date 5/30/18
Printed name of Authorized Officer		Mark Yungeberg	
Title or position of Authorized Officer		Vice President	
Telephone number or Authorized Officer.		(660) 748 3231 ext. _____	
Study Area Code of Reporting Carrier	421888	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			


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, the 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	Hancock Rural Telephone Corporation d/b/a NineStar Connect		
Signature of Authorized Officer		Date	05/30/2018
Printed name of Authorized Officer	Michael R. Burrow		
Title or position of Authorized Officer	President & CEO		
Telephone number or Authorized Officer.	(317) 326-3131		
Study Area Code of Reporting Carrier	320775	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

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	Hancock Rural Telephone Corporation d/b/a NineStar Connect		
Signature of Authorized Officer		Date	05/30/2018
Printed name of Authorized Officer	Michael R. Burrow		
Title or position of Authorized Officer	President & CEO		
Telephone number or Authorized Officer.	(317) 326-3131		
Study Area Code of Reporting Carrier	320775	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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.

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**


I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Hancock Rural Telephone Corporation d/b/a NineStar Connect		
Signature of Authorized Officer			Date 05/30/2018
Printed name of Authorized Officer	Michael R. Burrow		
Title or position of Authorized Officer	President & CEO		
Telephone number of Authorized Officer.	(317) 326-3131		
Study Area Code of Reporting Carrier	320775	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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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	Hancock Rural Telephone Corporation d/b/a NineStar Connect		
Signature of Authorized Officer		Date	05/30/2018
Printed name of Authorized Officer	Michael R. Burrow		
Title or position of Authorized Officer	President & CEO		
Telephone number of Authorized Officer.	(317) 326-3131		
Study Area Code of Reporting Carrier	320775	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Hargray Telephone Company**

Signature of Authorized Officer



Date

5/31/18

Printed name of Authorized Officer Andrew Rein

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer. (843) 686 1246 ext. _ _ _ _

Study Area Code of Reporting Carrier

240523

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

06/18/2018

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.

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 **Hargray Telephone Company**

Signature of Authorized Officer



Date

5/31/18

Printed name of Authorized Officer

Andrew Rein

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(843) 686 1246 ext. _ _ _ _

Study Area Code of Reporting Carrier

240523

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

06/18/2018

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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 **Hargray Telephone Company**

Signature of Authorized Officer



Date **5/31/18**

Printed name of Authorized Officer **Andrew Rein**

Title or position of Authorized Officer **CFO**

Telephone number of Authorized Officer.

(843) 686 1246 ext. **_____**

Study Area Code of Reporting Carrier

240523

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

06/18/2018

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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, the 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 **Hargray Telephone Company**

Signature of Authorized Officer



Date

5/31/18

Printed name of Authorized Officer **Andrew Rein**

Title or position of Authorized Officer **CFO**

Telephone number or Authorized
Officer.

(843) 686 1246 ext. **_____**

Study Area Code of Reporting Carrier

240523

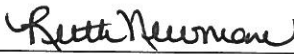
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Highland Telephone Cooperative		
Signature of Authorized Officer		Date	5/30/2018
Printed name of Authorized Officer	Ruth Newman		
Title or position of Authorized Officer	Co-General Manager		
Telephone number of Authorized Officer.	(540) 468-2131		
Study Area Code of Reporting Carrier	190237	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

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	Highland Telephone Cooperative		
Signature of Authorized Officer	<i>Ruth Newman</i>	Date	5/30/2018
Printed name of Authorized Officer	Ruth Newman		
Title or position of Authorized Officer	Co-General Manager		
Telephone number or Authorized Officer.	(540) 468-2131		
Study Area Code of Reporting Carrier	190237	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018
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.			

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	Highland Telephone Cooperative				
Signature of Authorized Officer	<i>Ruth Newman</i>			Date	5/30/2018
Printed name of Authorized Officer	Ruth Neman				
Title or position of Authorized Officer	Co-General Manager				
Telephone number of Authorized Officer.	(540) 468-2131				
Study Area Code of Reporting Carrier	190237		Filing Due Date for this form (mm/dd/yyyy)	06/18/2018	
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.					

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, the 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	Highland Telephone Cooperative		
Signature of Authorized Officer	<i>Ruth Newman</i>	Date	5/30/2018
Printed name of Authorized Officer	Ruth Newman		
Title or position of Authorized Officer	Co-General Manager		
Telephone number of Authorized Officer.	(540) 468-2131		
Study Area Code of Reporting Carrier	190237	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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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, the 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 **Home Telephone ILEC, d/b/a Home Telecom**

Signature of Authorized Officer

H. Keith Oliver

Date

6/15/18

Printed name of Authorized Officer

H. Keith Oliver

Title or position of Authorized Officer

Vice President, Corporate Operations

Telephone number or Authorized Officer.

(843) 761 9100 ext. N/A

Study Area Code of Reporting Carrier

240527

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

06/18/2018

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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 **Home Telephone ILEC, d/b/a Home Telecom**

Signature of Authorized Officer

H. Keith Oliver

Date

6/15/18

Printed name of Authorized Officer

H. Keith Oliver

Title or position of Authorized Officer

Vice President, Corporate Operations

Telephone number of Authorized Officer.

(843) 761 9100 ext. N/A

Study Area Code of Reporting Carrier

240527

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

06/18/2018

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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 **Home Telephone ILEC, d/b/a Home Telecom**

Signature of Authorized Officer

H. Keith Oliver

Date

6/15/18

Printed name of Authorized Officer

H. Keith Oliver

Title or position of Authorized Officer

Vice President, Corporate Operations

Telephone number or Authorized
Officer.

(843) 761 9100 ext. N/A

Study Area Code of Reporting Carrier

240527

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

06/18/2018

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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Home Telephone ILEC, d/b/a Home Telecom**

Signature of Authorized Officer

H. Keith Oliver

Date

6/15/18

Printed name of Authorized Officer H. Keith Oliver

Title or position of Authorized Officer Vice President, Corporate Operations

Telephone number or Authorized Officer. (843) 761 - 9100 - ext. N/A -

Study Area Code of Reporting Carrier

240527

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

06/18/2018

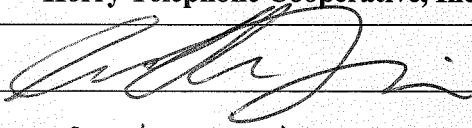
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/13/18

Printed name of Authorized Officer

Carlton Lewis

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

(8 4 3) 3 6 5 2 1 5 1 ext. _ _ _ _

Study Area Code of Reporting Carrier

240528

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

06/18/2018

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.

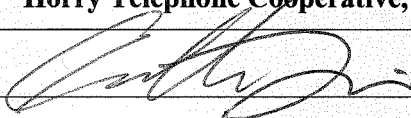
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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

Horry Telephone Cooperative, Inc.

Signature of Authorized Officer



Date

6/13/18

Printed name of Authorized Officer

Carlton Lewis

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

(843) 365 2151 ext. _____

Study Area Code of Reporting Carrier

240528

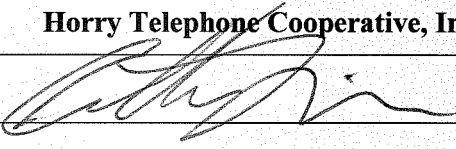
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Horry Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6/13/18
Printed name of Authorized Officer	Carlton Lewis		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(843) 3 6 5 2 1 5 1 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240528	Filing Due Date for this form (mm/dd/yyyy)	06/18/2018

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.

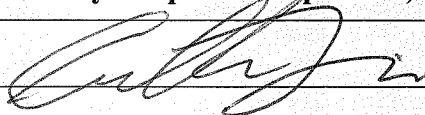
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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

Horry Telephone Cooperative, Inc.

Signature of Authorized Officer



Date

6/13/18

Printed name of Authorized Officer

Carlton Lewis

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

(843) 365 2151 ext. _____

Study Area Code of Reporting Carrier

240528

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