

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

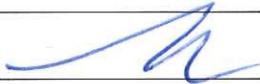
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and,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

V. David Miller

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

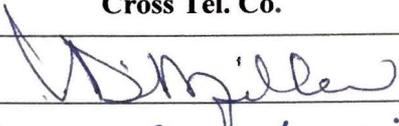
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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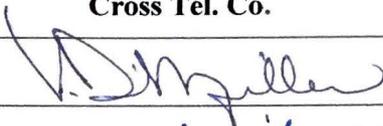
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I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier		Cross Tel. Co.	
Signature of Authorized Officer		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
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

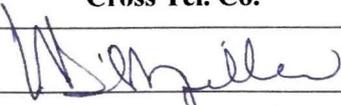
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Cross Tel. Co.	
Signature of Authorized Officer			Date 5.25.18
Printed name of Authorized Officer		<i>V. David Miller</i>	
Title or position of Authorized Officer		<i>President</i>	
Telephone number of Authorized Officer.		<i>(918) 463 2921</i> 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. 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
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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 **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 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
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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	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

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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 **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 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

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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

Steve Alexander

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

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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	Ellijay Telephone Company		
Signature of Authorized Officer	<i>Cora Payne</i>	Date	5-30-18
Printed name of Authorized Officer	Cora Payne		
Title or position of Authorized Officer	Exec. Secretary		
Telephone number of Authorized Officer.	(706) 697 5535 ext. _____		
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 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	<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 of Authorized Officer.	<i>(206) 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 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 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		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

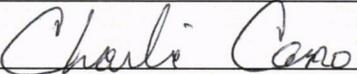
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Etex Telephone Cooperative, Inc.		
Signature of Authorized Officer	<i>Charlie Cano</i>	Date	<i>5-30-18</i>
Printed name of Authorized Officer	Charlie Cano		
Title or position of Authorized Officer	General Manger/CEO		
Telephone number or 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		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 (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 **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	442070		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

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Name of Reporting Carrier		Etex Telephone Cooperative, Inc.	
Signature of Authorized Officer	<i>Charlie Cano</i>	Date	<i>5-30-18</i>
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 (mm/dd/yyyy)	06/18/2018

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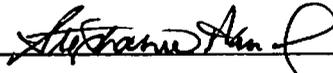
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **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

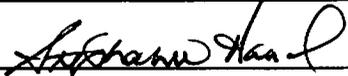
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

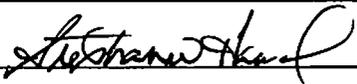
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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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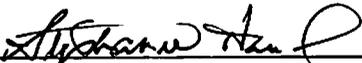
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Name of Reporting Carrier		Bruce Telephone Company, Inc.	
Signature of Authorized Officer		Date	5/31/18
Printed name of Authorized Officer		Stephanie Hand	
Title or position of Authorized Officer		CFO	
Telephone number of Authorized Officer.		(601) 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

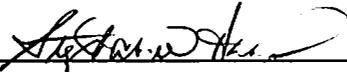
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Name of Reporting Carrier		Bruce Telephone Company, Inc.	
Signature of Authorized Officer		Date	5/30/18
Printed name of Authorized Officer		Stephanie Hand	
Title or position of Authorized Officer		CFO	
Telephone number or Authorized Officer.		(601) 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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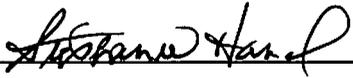
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Chickamauga Telephone Corporation		
Signature of Authorized Officer		Date	5/30/18
Printed name of Authorized Officer	Stephanie Hand		
Title or position of Authorized 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

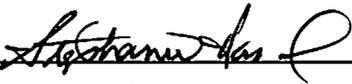
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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 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.

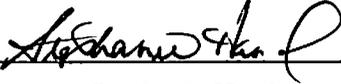
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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**

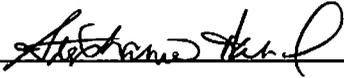
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and,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

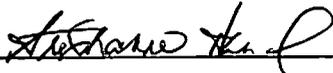
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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 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 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.	
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

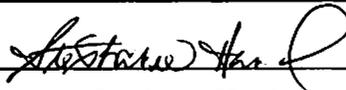
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **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

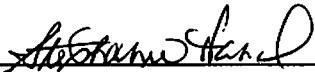
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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)

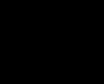
Name of Reporting Carrier **Mound Bayou Telephone & Communications, Inc.**

Signature of Authorized Officer		Date	5/30/18
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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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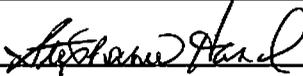
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **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

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

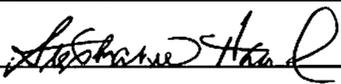
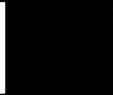
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier	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

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

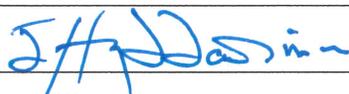
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	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	

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	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
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 **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

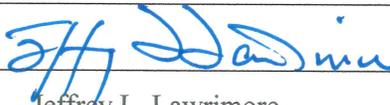
Filing Due Date for this form
(mm/dd/yyyy)

06/18/2018

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

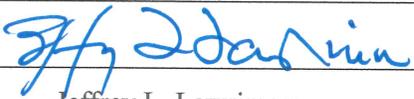
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

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	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

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	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

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 **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

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 **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

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 **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

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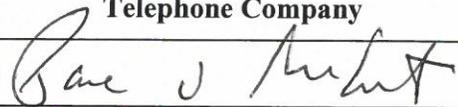
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **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 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

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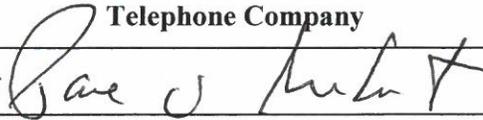
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **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 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

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	<i>Mark Yungeberg</i>	Date	<i>5/30/18</i>
Printed name of Authorized Officer	Mark Yungeberg		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	<i>(660) 748 3231</i> 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 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	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
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	<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	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. _____		
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	<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 of 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		Mark Yungeberg	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 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	<i>Mark Yungeberg</i>	Date	5/30/18
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 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	<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 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 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

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

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	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
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	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 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

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		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 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

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	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

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	<i>5/30/2018</i>
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	<i>5/30/2018</i>
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 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

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		Home Telephone ILEC, d/b/a Home Telecom	
Signature of Authorized Officer		Date	
Printed name of Authorized Officer		Title or position of Authorized Officer	
Telephone number of Authorized Officer.		Filing Due Date for this form (mm/dd/yyyy)	
Study Area Code of Reporting Carrier	240527	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

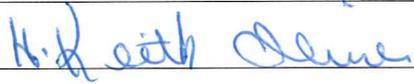
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Home Telephone ILEC, d/b/a Home Telecom	
Signature of Authorized Officer		<i>H. Keith Oliver</i>	Date <i>6/15/18</i>
Printed name of Authorized Officer		H. Keith Oliver	
Title or position of Authorized Officer		Vice President, Corporate Operations	
Telephone number or Authorized Officer.		(<u>843</u>) <u>761</u> <u>9100</u> ext. <u>N/A</u>	
Study Area Code of Reporting Carrier	240527	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.

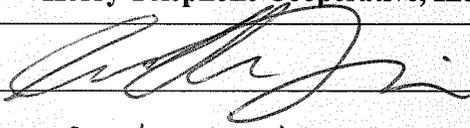
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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	Home Telephone ILEC, d/b/a Home Telecom		
Signature of Authorized Officer		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.	(<u>843</u>) <u>761</u> - <u>9100</u> - ext. <u>N/A</u> -		
Study Area Code of Reporting Carrier	240527	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

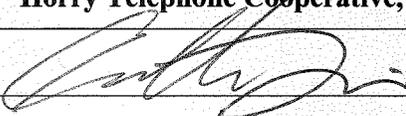
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier		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.

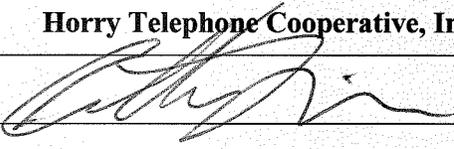
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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
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**

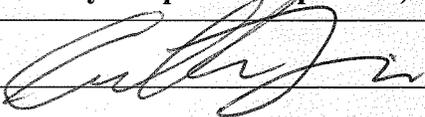
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and,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

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	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.			