

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **East Ascension Telephone Company**

Signature of Authorized Officer

Peter Louviere

Date

6/7/19

Printed name of Authorized Officer **Peter Louviere**

Title or position of Authorized Officer **Chief Financial Officer**

Telephone number of Authorized Officer: **(985) 693-0265** ext.

Study Area Code of Reporting Carrier

270429

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

06/17/2019

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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


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

Name of Reporting Carrier East Ascension Telephone Company			
Signature of authorized officer 		Date	6/7/19
Printed name of authorized officer Peter Louviere			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer: (985) 693-0265			
Study Area Code of Reporting Carrier	270429	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019
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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	East Ascension Telephone Company		
Signature of authorized officer		Date	6/7/19
Printed name of authorized officer	Peter Louviere		
Title or position of authorized officer	Chief Financial Officer		
Telephone number of authorized officer:	(985) 693-0265		
Study Area Code of Reporting Carrier	270429	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019
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Signature of Authorized Officer <i>Peter Louviere</i>		Date <i>6/7/19</i>	
Printed name of Authorized Officer Peter Louviere			
Title or position of Authorized Officer Chief Financial Officer			
Telephone number of Authorized Officer: (985) 693-0265 ext.			
Study Area Code of Reporting Carrier	270429	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019

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CERTIFICATION

I am the Chief Financial Officer of East Ascension Telephone Company

I hereby certify that I have reviewed the preparation of all data supporting
East Ascension Telephone Company June 17, 2019 Interstate Access Tariff
Filing, and that I am authorized to execute this certification. Based upon
information provided to me by employees responsible for the preparation of, or
for supervision of the preparation of, the data submitted in support of the rates
contained in the proposed tariff, I hereby certify that the data have been
examined and reviewed and are true, correct and complete.

Date: June 14, 2019



(Signature)

Peter Louviere

Printed Name

Chief Financial Officer

(Title)