

**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 **Livingston Telephone Company**

Signature of Authorized Officer

Date

Deborah A. Rand
5-24-19

Printed name of Authorized Officer

DEBORAH RAND

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

(603) 472 7786 ext. ____

Study Area Code of Reporting Carrier

442107

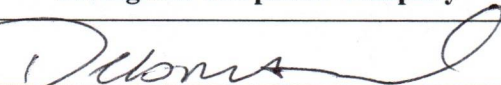
Filing Due Date for this form
(mm/dd/yyyy)

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.

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		Livingston Telephone Company	
Signature of Authorized Officer		Date	
		5-24-19	
Printed name of Authorized Officer			
DEBORAH RAND			
Title or position of Authorized Officer			
PRESIDENT			
Telephone number or Authorized Officer.			
(603) 472 9786 ext. _____			
Study Area Code of Reporting Carrier	442107	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019

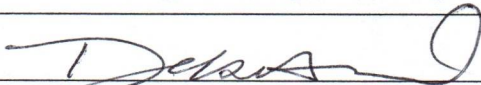
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Livingston Telephone Company**

Signature of Authorized Officer



Date

5-24-19

Printed name of Authorized Officer

DEBORAH RAND

Title or position of Authorized Officer

PRESIDENT

Telephone number of Authorized Officer.

(603) 472 9786 ext. _____

Study Area Code of Reporting Carrier

442107

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

06/17/2019

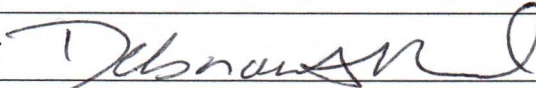
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Livingston Telephone Company**

Signature of Authorized Officer



Date

5-24-19

Printed name of Authorized Officer

DEBORAH RAND

Title or position of Authorized Officer

PRESIDENT

Telephone number of Authorized Officer.

(603) 4 72 97 86 ext. **----**

Study Area Code of Reporting Carrier

442107

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

06/17/2019

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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 **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer

X *Mary McDermott*

Date

6-10-19

Printed name of Authorized Officer

Mary McDermott

Title or position of Authorized Officer

General Counsel

Telephone number of Authorized Officer.

(540) 946 8677 ext. _____

Study Area Code of Reporting Carrier

190249

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 **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer *X Mary McDermott* Date *6-10-19*

Printed name of Authorized Officer *Mary McDermott*

Title or position of Authorized Officer *General Counsel*

Telephone number of Authorized Officer. *(540) 946 8677* ext. *----*

Study Area Code of Reporting Carrier	190249	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019
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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	Lumos Telephone of Botetourt, Inc.		
Signature of Authorized Officer	<i>X Mary McDermott</i>		Date <i>6-10-19</i>
Printed name of Authorized Officer	<i>Mary McDermott</i>		
Title or position of Authorized Officer	<i>General Counsel</i>		
Telephone number or Authorized Officer.	<i>(540) 946 8677</i> ext. _____		
Study Area Code of Reporting Carrier	190249	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019

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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 **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer *X Mary McDermott* Date *6-10-19*

Printed name of Authorized Officer *Mary McDermott*

Title or position of Authorized Officer *General Counsel*

Telephone number of Authorized Officer. *(540) 946 8677* ext. *----*

Study Area Code of Reporting Carrier

190249

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

06/17/2019

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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 **Mark Twain Rural Telephone Company**

Signature of Authorized Officer



Date

5/31/2019

Printed name of Authorized Officer Jim Lyon

Title or position of Authorized Officer Executive V.P. & General Manager

Telephone number of Authorized Officer. (660) 423-5211

Study Area Code of Reporting Carrier

421914


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

06/17/2019

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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		Mark Twain Rural Telephone Company	
Signature of Authorized Officer			Date 5/31/2019
Printed name of Authorized Officer		Jim Lyon	
Title or position of Authorized Officer		Executive V.P. & General Manager	
Telephone number of Authorized Officer.		(660) 423-5211	
Study Area Code of Reporting Carrier	421914	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	Mark Twain Rural Telephone Company
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Signature of Authorized Officer		Date	5/31/2019
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Printed name of Authorized Officer	Jim Lyon
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Title or position of Authorized Officer	Executive V.P. & General Manager
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Telephone number of Authorized Officer.	(660) 423-5211
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Study Area Code of Reporting Carrier	421914		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	
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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	Mark Twain Rural Telephone Company				
Signature of Authorized Officer				Date	5/31/2019
Printed name of Authorized Officer	Jim Lyon				
Title or position of Authorized Officer	Executive V.P. & General Manager				
Telephone number or Authorized Officer.	(660) 423-5211				
Study Area Code of Reporting Carrier	421914		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	

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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 **Matanuska Telephone Association**

Signature of Authorized Officer

Wanda Tankersley

Date 5/31/2019

Printed name of Authorized Officer

Wanda Tankersley

Title or position of Authorized Officer

Executive Officer, MTA

Telephone number of Authorized Officer.

(907) 761-2654

Study Area Code of Reporting Carrier

613015

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

06/17/2019

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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		Matanuska Telephone Association	
Signature of Authorized Officer		<i>Wanda Tankersley</i>	Date 5/31/2019
Printed name of Authorized Officer		Wanda Tankersley	
Title or position of Authorized Officer		Executive Officer, MTA	
Telephone number or Authorized Officer.		(907) 761-2654	
Study Area Code of Reporting Carrier	613015	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 **Matanuska Telephone Association**

Signature of Authorized Officer

Wanda Tankersley

Date 5/31/2019

Printed name of Authorized Officer

Wanda Tankersley

Title or position of Authorized Officer

Executive Officer, MTA

Telephone number or Authorized
Officer.

(907) 761-2654

Study Area Code of Reporting Carrier

613015

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

06/17/2019

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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		Matanuska Telephone Association	
Signature of Authorized Officer		Date 5/31/2019	
Printed name of Authorized Officer		Wanda Tankersley	
Title or position of Authorized Officer		Executive Officer, MTA	
Telephone number or Authorized Officer.		(907) 761-2654	
Study Area Code of Reporting Carrier	613015	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019
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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 **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer

Andrew Vargas

Date **05/24/2019**

Printed name of Authorized Officer Andrew Vargas

Title or position of Authorized Officer CEO/General Manager

Telephone number of Authorized Officer. (806) 668 - 4420 ext. _ _ _ _

Study Area Code of Reporting Carrier

442112

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

06/17/2019

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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 **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer

Andrew Vargas

Date **05/24/2019**

Printed name of Authorized Officer Andrew Vargas

Title or position of Authorized Officer CEO/General Manager

Telephone number of Authorized Officer.

(806) 668 - 4420 ext. _ _ _ _

Study Area Code of Reporting Carrier

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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 **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer

Andrew Vargas

Date **05/24/2019**

Printed name of Authorized Officer

Andrew Vargas

Title or position of Authorized Officer

CEO/General Manager

Telephone number of Authorized
Officer.

(806) 668 - 4420 ext. _ _ _ _

Study Area Code of Reporting Carrier

442112

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

06/17/2019

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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 **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer

Andrew Vargas

Date **05/24/2019**

Printed name of Authorized Officer

Andrew Vargas

Title or position of Authorized Officer

CEO/General Manager

Telephone number of Authorized
Officer.

(806) 668 - 4420 ext. _ _ _ _

Study Area Code of Reporting Carrier

442112

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

06/17/2019

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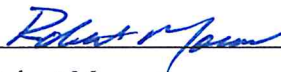
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

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

Signature of Authorized Officer



Date
6/10/2019

Printed name of Authorized Officer Robert Mouser

Title or position of Authorized Officer Vice President

Telephone number of Authorized Officer. (870) 429-1116

Study Area Code of Reporting Carrier

290571

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

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

Signature of Authorized Officer



Date

06/10/2019

Printed name of Authorized Officer

Robert Mouser

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

(870) 429-1116

Study Area Code of Reporting Carrier

290571

Filing Due Date for this form
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06/17/2019

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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 **Millington Telephone Company, Inc.**

Signature of Authorized Officer



Date

06/10/2019

Printed name of Authorized Officer

Robert Mouser

Title or position of Authorized Officer

Vice President

Telephone number of Authorized
Officer.

(870) 429-1116

Study Area Code of Reporting Carrier

290571

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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 **Millington Telephone Company, Inc.**

Signature of Authorized Officer



Date

06/10/2019

Printed name of Authorized Officer

Robert Mouser

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

(870) 429-1116

Study Area Code of Reporting Carrier

290571

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

Name of Reporting Carrier **Moundridge Telephone Company**

Signature of Authorized Officer

Jane Sommer Smith

Date

6/11/18

Printed name of Authorized Officer

Jane Sommer Smith

Title or position of Authorized Officer

Vice President

Telephone number or Authorized Officer.

620-345-2832

ext. _ _ _ _

Study Area Code of Reporting Carrier

411808

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 **Moundridge Telephone Company**

Signature of Authorized Officer

Jane Sommer Smith

Date

6/11/18

Printed name of Authorized Officer

Jane Sommer Smith

Title or position of Authorized Officer

Vice President

Telephone number or Authorized
Officer.

620-345-2832 ext. _ _ _ _

Study Area Code of Reporting Carrier

411808

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

06/18/2018

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Name of Reporting Carrier **Moundridge Telephone Company**

Signature of Authorized Officer

Jane Sommer Smith

Date

6/11/18

Printed name of Authorized Officer

Jane Sommer Smith

Title or position of Authorized Officer

Vice President

Telephone number or Authorized
Officer.

620-345-2832 ext. _ _ _ _

Study Area Code of Reporting Carrier

411808

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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	Moundridge Telephone Company		
Signature of Authorized Officer		Date	6/11/18
Printed name of Authorized Officer	Jane Sommer Smith		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	620-345-2832 ext. ----		
Study Area Code of Reporting Carrier	411808	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.

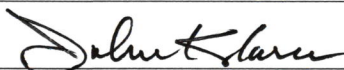
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Mt. Horeb Telephone Co.**

Signature of Authorized Officer



Date

5-28-2019

Printed name of Authorized Officer John Klarer

Title or position of Authorized Officer Secretary

Telephone number of Authorized Officer. (608) 437 5551 ext. _ _ _ _

Study Area Code of Reporting Carrier

330916

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.

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 **Mt. Horeb Telephone Co.**

Signature of Authorized Officer

John Klarer

Date

5-28-2019

Printed name of Authorized Officer

John Klarer

Title or position of Authorized Officer

Secretary

Telephone number of Authorized Officer.

(608) 437 5551 ext. _ _ _ _

Study Area Code of Reporting Carrier

330916

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

06/17/2019

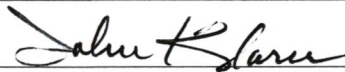
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Mt. Horeb Telephone Co.**

Signature of Authorized Officer



Date

5-28-2019

Printed name of Authorized Officer John Klarer

Title or position of Authorized Officer Secretary

Telephone number of Authorized Officer.

(608) 437 5551 ext. _ _ _ _

Study Area Code of Reporting Carrier

330916

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

06/17/2019

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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 **Mt. Horeb Telephone Co.**

Signature of Authorized Officer

John Klarer

Date

5-28-2019

Printed name of Authorized Officer John Klarer

Title or position of Authorized Officer Secretary

Telephone number of Authorized Officer.

(608) 437 5551 ext. _ _ _ _

Study Area Code of Reporting Carrier

330916

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.


**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 **Mutual Telephone Company**

Signature of Authorized Officer



Date

6/10/19

Printed name of Authorized Officer

to Ryan Boone

Title or position of Authorized Officer

COO

Telephone number of Authorized Officer.

(712) 722 3451 ext. _ _ _ _

Study Area Code of Reporting Carrier

351252


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.


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		Mutual Telephone Company	
Signature of Authorized Officer		Date	
		6/10/19	
Printed name of Authorized Officer			
Ryan Boone			
Title or position of Authorized Officer			
COO			
Telephone number of Authorized Officer.			
(712) 722 3451 ext. _ _ _ _			
Study Area Code of Reporting Carrier	351252	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.			

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	Mutual Telephone Company		
Signature of Authorized Officer		Date	6/10/19
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	Loc		
Telephone number or Authorized Officer.	(112) 722 3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351252	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.			


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		Mutual Telephone Company	
Signature of Authorized Officer		Date 6/10/19	
Printed name of Authorized Officer		Ryan Boone	
Title or position of Authorized Officer		COO	
Telephone number of Authorized Officer.		(712) 722 3451 ext. _ _ _ _	
Study Area Code of Reporting Carrier	351252	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.			


**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	Northern Iowa Telephone Company			
Signature of Authorized Officer			Date 6/10/19	
Printed name of Authorized Officer	Ryan Boone			
Title or position of Authorized Officer	COO			
Telephone number of Authorized Officer.	(712) 722 3451 ext. _ _ _ _			
Study Area Code of Reporting Carrier	351259		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.				

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		Northern Iowa Telephone Company	
Signature of Authorized Officer		Date	
		6/10/19	
Printed name of Authorized Officer		Ryan Boone	
Title or position of Authorized Officer		COO	
Telephone number or Authorized Officer.		(712) 722 3451 ext. _ _ _ _	
Study Area Code of Reporting Carrier	351259	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.			

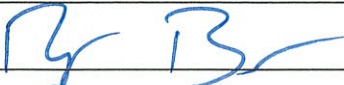
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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		Northern Iowa Telephone Company	
Signature of Authorized Officer		Date	
Printed name of Authorized Officer			
Title or position of Authorized Officer			
Telephone number or Authorized Officer.			
Study Area Code of Reporting Carrier	351259	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.			

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).

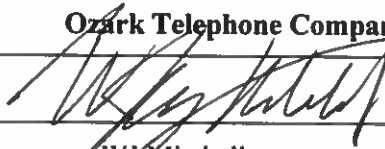
Name of Reporting Carrier	Northern Iowa Telephone Company		
Signature of Authorized Officer		Date	6/10/19
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	COO		
Telephone number of Authorized Officer.	(712) 722 3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351259	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.			

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 **Ozark Telephone Company**

Signature of Authorized Officer



Date June 10, 2019

Printed name of Authorized Officer

WJ Mitchell

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

(417 ___) 776 ___ 2247 ___ ext. ___

Study Area Code of Reporting Carrier

421866

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

06/17/2019

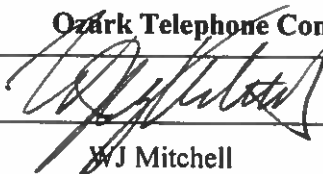
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Ozark Telephone Company**

Signature of Authorized Officer



Date June 10, 2019

Printed name of Authorized Officer

WJ Mitchell

Title or position of Authorized Officer **President**

Telephone number or Authorized Officer.

(417 ___) 776 ___ _2247 ___ ext. ___

Study Area Code of Reporting Carrier

421866

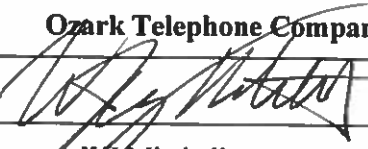
Filing Due Date for this form
(mm/dd/yyyy)

06/17/2019

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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	Ozark Telephone Company		
Signature of Authorized Officer		Date	June 10, 2019
Printed name of Authorized Officer	WJ Mitchell		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	(_417_) 776_ _ _ 2247_ _ _ ext. _ _ _ _		
Study Area Code of Reporting Carrier	421866	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019

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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 ~~Ozark Telephone Company~~

Signature of Authorized Officer



Date June 10, 2019

Printed name of Authorized Officer

WJ Mitchell

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

(417 ___) 776 ___ 2247 ___ ext. ___

Study Area Code of Reporting Carrier

421866

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

06/17/2019

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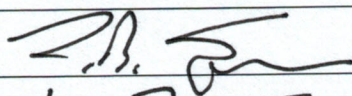
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **PBT Telecom, Inc.**

Signature of Authorized Officer



Date 6/15/2019

Printed name of Authorized Officer

L. B. Spearman

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

(803) 210-5529 ext. _____

Study Area Code of Reporting Carrier

240539

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

06/17/2019

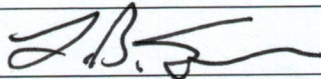
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **PBT Telecom, Inc.**

Signature of Authorized Officer



Date

6/15/2019

Printed name of Authorized Officer

L. B. Spearman

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

(803) 210-5528 ext. _____

Study Area Code of Reporting Carrier

240539

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 **PBT Telecom, Inc.**

Signature of Authorized Officer

L.B. Spearman

Date

6-5-2019

Printed name of Authorized Officer

L.B. Spearman

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

(803) 210-5528 ext. _____

Study Area Code of Reporting Carrier

240539

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

06/17/2019

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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 **PBT Telecom, Inc.**

Signature of Authorized Officer

L.B. Spearman

Date

6-5-2019

Printed name of Authorized Officer

L.B. Spearman

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

(803) 210-5528 ext. _____

Study Area Code of Reporting Carrier

240539

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

06/17/2019

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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 **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date: June 4, 2019

Printed name of Authorized Officer
Randall Lis

Title or position of Authorized Officer **General Manager**

Telephone number or Authorized Officer. (864) 683 - 3700 ext. _ _ _ _

Study Area Code of Reporting Carrier

240538

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.

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 **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date **June 4, 2019**

Printed name of Authorized Officer

Randall Lis

Title or position of Authorized Officer **General Manager**

Telephone number or Authorized
Officer.

(864) 683 - 3700 ext.

Study Area Code of Reporting Carrier

240538

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.

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 **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date **June 4, 2019**

Printed name of Authorized Officer

Randall Lis

Title or position of Authorized Officer **General Manager**

Telephone number or Authorized
Officer.

(864) 683 - 3700 ext. _ _ _ _

Study Area Code of Reporting Carrier

240538

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.

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 **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date **June 4, 2019**

Printed name of Authorized Officer

Randall Lis

Title or position of Authorized Officer

General Manager

Telephone number or Authorized Officer.

(864) 683 - 3700 ext. _ _ _ _

Study Area Code of Reporting Carrier

240538

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.