

**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 **Pine Telephone Company**

Signature of Authorized Officer  Date 6/10/19

Printed name of Authorized Officer John B. Callaham

Title or position of Authorized Officer Vice President

Telephone number of Authorized Officer. 580-584-3355 ext. _ _ _ _

| | | | | | |
|--------------------------------------|---------------|--|---|------------|--|
| Study Area Code of Reporting Carrier | 432017 | | 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 **Pine Telephone Company**

Signature of Authorized Officer



Date

6/10/19

Printed name of Authorized Officer

John B. Callaham

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

580-584-3355 ext. _ _ _ _

Study Area Code of Reporting Carrier

432017


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 | | Pine Telephone Company | |
| Signature of Authorized Officer |  | Date | 6/10/19 |
| Printed name of Authorized Officer | John B. Callaham | | |
| Title or position of Authorized Officer | Vice President | | |
| Telephone number of Authorized Officer. | 580-584-3355 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 432017 | 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 | Pine Telephone Company | | |
| Signature of Authorized Officer |  | Date | 6/10/19 |
| Printed name of Authorized Officer | John B. Callaham | | |
| Title or position of Authorized Officer | Vice President | | |
| Telephone number of Authorized Officer. | 580-584-3355 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 432017 | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2019 |

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

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

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

Signature of Authorized Officer



Date 5/30/19

Printed name of Authorized Officer Dustin Durden

Title or position of Authorized Officer Executive Vice President

Telephone number of Authorized Officer. (912) 685-2121

Study Area Code of Reporting Carrier

220377

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

06/17/2019

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| | | | | |
|---|---|--|---|---|
| Name of Reporting Carrier | Pineland Telephone Cooperative, Inc. | | | |
| Signature of Authorized Officer |  | | Date | 5/30/19 |
| Printed name of Authorized Officer | Dustin Durden | | | |
| Title or position of Authorized Officer | Executive Vice President | | | |
| Telephone number or Authorized Officer. | (912) 685-2121 | | | |
| Study Area Code of Reporting Carrier | 220377 |  | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2019  |

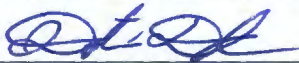
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

Signature of Authorized Officer



Date **5/30/19**

Printed name of Authorized Officer **Dustin Durden**

Title or position of Authorized Officer **Executive Vice President**

Telephone number of Authorized Officer. **(912) 685-2121**

Study Area Code of Reporting Carrier **220377**

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 **Pineland Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

5/30/19

Printed name of Authorized Officer

Dustin Durden

Title or position of Authorized Officer

Executive Vice President

Telephone number of Authorized Officer.

(912) 685-2121

Study Area Code of Reporting Carrier

220377

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

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| | |
|---------------------------|---|
| Name of Reporting Carrier | The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications |
|---------------------------|---|

| | | | |
|---------------------------------|--|------|-----------------|
| Signature of Authorized Officer |  | Date | 06/07/19 |
|---------------------------------|--|------|-----------------|

| | |
|------------------------------------|------------------------|
| Printed name of Authorized Officer | Catherine Moyer |
|------------------------------------|------------------------|

| | |
|---|------------------------------------|
| Title or position of Authorized Officer | President / General Manager |
|---|------------------------------------|

| | |
|---|---------------------------------------|
| Telephone number or Authorized Officer. | 620-356-3211 ext. _____ |
|---|---------------------------------------|

| | | | | | |
|--------------------------------------|---------------|--|--|-------------------|--|
| Study Area Code of Reporting Carrier | 411817 | | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2019 | |
|--------------------------------------|---------------|--|--|-------------------|--|

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| | |
|---------------------------|---|
| Name of Reporting Carrier | The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications |
|---------------------------|---|

| | | | |
|---------------------------------|--|------|-----------------|
| Signature of Authorized Officer |  | Date | 06/07/19 |
|---------------------------------|--|------|-----------------|

| | |
|------------------------------------|------------------------|
| Printed name of Authorized Officer | Catherine Moyer |
|------------------------------------|------------------------|

| | |
|---|------------------------------------|
| Title or position of Authorized Officer | President / General Manager |
|---|------------------------------------|

| | |
|---|----------------------------------|
| Telephone number or Authorized Officer. | 620-356-3211 ext. _ _ _ _ |
|---|----------------------------------|


| | | | | | |
|--------------------------------------|---------------|--|--|-------------------|--|
| Study Area Code of Reporting Carrier | 411817 | | 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 | The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications |
|---------------------------|---|

| | | | |
|---------------------------------|---|------|-----------------|
| Signature of Authorized Officer |  | Date | 06/07/19 |
|---------------------------------|---|------|-----------------|

| | |
|------------------------------------|------------------------|
| Printed name of Authorized Officer | Catherine Moyer |
|------------------------------------|------------------------|

| | |
|---|------------------------------------|
| Title or position of Authorized Officer | President / General Manager |
|---|------------------------------------|

| | |
|---|----------------------------------|
| Telephone number or Authorized Officer. | 620-356-3211 ext. _ _ _ _ |
|---|----------------------------------|

| | | | | | |
|--------------------------------------|---------------|--|--|-------------------|--|
| Study Area Code of Reporting Carrier | 411817 | | 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 **The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications**

Signature of Authorized Officer



Date

06/07/19

Printed name of Authorized Officer Catherine Moyer

Title or position of Authorized Officer President / General Manager

Telephone number or Authorized Officer. 620-356-3211 ext. _ _ _ _

Study Area Code of Reporting Carrier

411817

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

06/17/2019

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

Name of Reporting Carrier **Ringgold Telephone Company**

Signature of Authorized Officer

Celeste Bandy Weaver

Date

6/16/19

Printed name of Authorized Officer

Celeste Bandy Weaver

Title or position of Authorized Officer

~~VP~~ *Senior Vice President*

Telephone number of Authorized Officer.

(706) 965-1261 ext. _ _ _ _

Study Area Code of Reporting Carrier

220382

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 | Ringgold Telephone Company | | | |
| Signature of Authorized Officer | <i>Celeste Bandy Weaver</i> | | Date | 6/6/19 |
| Printed name of Authorized Officer | Celeste Bandy Weaver | | | |
| Title or position of Authorized Officer | Senior Vice President | | | |
| Telephone number or Authorized Officer. | (706) 965-1261 ext. _ _ _ _ | | | |
| Study Area Code of Reporting Carrier | 220382 | | 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 **Ringgold Telephone Company**

Signature of Authorized Officer

Celeste Bandy Weaver

Date

4/6/19

Printed name of Authorized Officer

Celeste Bandy Weaver

Title or position of Authorized Officer

Senior Vice President

Telephone number of Authorized
Officer.

(706) 965-1261 ext. _ _ _ _

Study Area Code of Reporting Carrier

220382

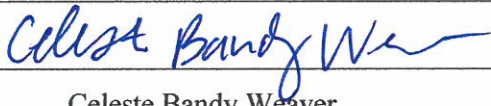
Filing Due Date for this form
(mm/dd/yyyy)

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).

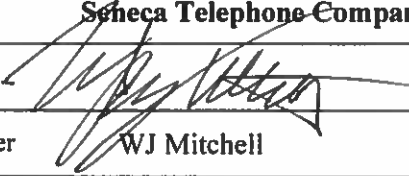
| | | | |
|--|--|--|------------|
| Name of Reporting Carrier | Ringgold Telephone Company | | |
| Signature of Authorized Officer |  | Date | 6/6/19 |
| Printed name of Authorized Officer | Celeste Bandy Weaver | | |
| Title or position of Authorized Officer | Senior Vice President | | |
| Telephone number of Authorized Officer. | (706) 965-1261 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 220382 | 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

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Name of Reporting Carrier **Seneca 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

421945

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 | Seneca 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 | 421945 | | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2019 | |

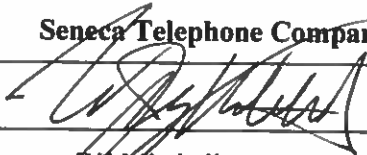
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Name of Reporting Carrier **Seneca Telephone Company**

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

421945

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

Name of Reporting Carrier ~~Seneca 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

421945

Filing Due Date for this form
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06/17/2019


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

| | |
|---------------------------|--|
| Name of Reporting Carrier | Skyline Telephone Membership Corporation |
|---------------------------|--|

| | | | |
|---------------------------------|--|------|-----------|
| Signature of Authorized Officer |  | Date | 5/29/2019 |
|---------------------------------|--|------|-----------|

| | |
|------------------------------------|-----------------|
| Printed name of Authorized Officer | Cindy Rothstein |
|------------------------------------|-----------------|

| | |
|---|-------------------------|
| Title or position of Authorized Officer | Chief Financial Officer |
|---|-------------------------|

| | |
|---|----------------|
| Telephone number of Authorized Officer. | (336) 876-6304 |
|---|----------------|

| | | | | | |
|--------------------------------------|---------------|--|---|------------|--|
| Study Area Code of Reporting Carrier | 230501 | | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2019 | |
|--------------------------------------|---------------|--|---|------------|--|

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| | |
|---------------------------|---|
| Name of Reporting Carrier | Skyline Telephone Membership Corporation |
|---------------------------|---|

| | | | |
|---------------------------------|------------------------|------|------------------|
| Signature of Authorized Officer | <i>Cindy Rothstein</i> | Date | <i>5/29/2019</i> |
|---------------------------------|------------------------|------|------------------|

| | |
|------------------------------------|------------------------|
| Printed name of Authorized Officer | Cindy Rothstein |
|------------------------------------|------------------------|

| | |
|---|--------------------------------|
| Title or position of Authorized Officer | Chief Financial Officer |
|---|--------------------------------|

| | |
|---|-----------------------|
| Telephone number or Authorized Officer. | (336) 876-6304 |
|---|-----------------------|

| | | | | | |
|--------------------------------------|---------------|--|--|-------------------|--|
| Study Area Code of Reporting Carrier | 230501 | | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2019 | |
|--------------------------------------|---------------|--|--|-------------------|--|

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| | |
|---------------------------|---|
| Name of Reporting Carrier | Skyline Telephone Membership Corporation |
|---------------------------|---|

| | | | |
|---------------------------------|------------------------|------|------------------|
| Signature of Authorized Officer | <i>Cindy Rothstein</i> | Date | <i>5/29/2019</i> |
|---------------------------------|------------------------|------|------------------|

| | |
|------------------------------------|-----------------|
| Printed name of Authorized Officer | Cindy Rothstein |
|------------------------------------|-----------------|

| | |
|---|-------------------------|
| Title or position of Authorized Officer | Chief Financial Officer |
|---|-------------------------|

| | |
|---|----------------|
| Telephone number or Authorized Officer. | (336) 876-6304 |
|---|----------------|


| | | | | | |
|--------------------------------------|---------------|--|--|------------|--|
| Study Area Code of Reporting Carrier | 230501 | | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2019 | |
|--------------------------------------|---------------|--|--|------------|--|

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| | |
|---------------------------|---|
| Name of Reporting Carrier | Skyline Telephone Membership Corporation |
|---------------------------|---|

| | | | |
|---------------------------------|--|------|------------------|
| Signature of Authorized Officer |  | Date | 5/29/2019 |
|---------------------------------|--|------|------------------|

| | |
|------------------------------------|------------------------|
| Printed name of Authorized Officer | Cindy Rothstein |
|------------------------------------|------------------------|

| | |
|---|--------------------------------|
| Title or position of Authorized Officer | Chief Financial Officer |
|---|--------------------------------|

| | |
|---|-----------------------|
| Telephone number or Authorized Officer. | (336) 876-6304 |
|---|-----------------------|

| | | | | | |
|--------------------------------------|---------------|--|--|-------------------|--|
| Study Area Code of Reporting Carrier | 230501 |  | 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 **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer

Martin A. Rubin

Date 06/03/2019

Printed name of Authorized Officer Martin A. Rubin

Title or position of Authorized Officer President & CEO

Telephone number of Authorized Officer. (407) 828-6656 ext. _ _ _ _

Study Area Code of Reporting Carrier

210330

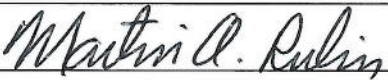
Filing Due Date for this form
(mm/dd/yyyy)

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 | Smart City Telecommunications LLC d/b/a Smart City Telecom | | |
| Signature of Authorized Officer |  | Date | 06/03/2019 |
| Printed name of Authorized Officer | Martin A. Rubin | | |
| Title or position of Authorized Officer | President & CEO | | |
| Telephone number of Authorized Officer. | (407) 828-6656 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 210330 | 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 | Smart City Telecommunications LLC d/b/a Smart City Telecom | | |
|---------------------------|--|--|--|

| | | | |
|---------------------------------|--|------|------------|
| Signature of Authorized Officer |  | Date | 06/03/2019 |
|---------------------------------|--|------|------------|

| | | | |
|------------------------------------|-----------------|--|--|
| Printed name of Authorized Officer | Martin A. Rubin | | |
|------------------------------------|-----------------|--|--|

| | | | |
|---|-----------------|--|--|
| Title or position of Authorized Officer | President & CEO | | |
|---|-----------------|--|--|


| | | | |
|---|-------------------------------|--|--|
| Telephone number of Authorized Officer. | (407) 828-6656 ext. _ _ _ _ | | |
|---|-------------------------------|--|--|

| | | | | | |
|--------------------------------------|--------|--|--|------------|--|
| Study Area Code of Reporting Carrier | 210330 | | 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 | Smart City Telecommunications LLC d/b/a Smart City Telecom | | |
| Signature of Authorized Officer |  | Date | 06/03/2019 |
| Printed name of Authorized Officer | Martin A. Rubin | | |
| Title or position of Authorized Officer | President & CEO | | |
| Telephone number of Authorized Officer. | (407) 828-6656 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 210330 | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2019 |

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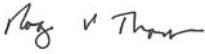
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 | Smithville Telephone Company, Inc. | | | | |
| Signature of Authorized Officer |  | | | Date | June 5, 2019 |
| Printed name of Authorized Officer | Roger V. Thompson | | | | |
| Title or position of Authorized Officer | President | | | | |
| Telephone number of Authorized Officer. | (_ 662) 651-4131 _ _ _ _ _ ext. _ _ _ _ _ | | | | |
| Study Area Code of Reporting Carrier | 280467 | | 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 | | Smithville Telephone Company, Inc. | |
| Signature of Authorized Officer | |  | Date June 5, 2019 |
| Printed name of Authorized Officer | | Roger V. Thompson | |
| Title or position of Authorized Officer | | President | |
| Telephone number or Authorized Officer. | | (662_) 651-4131 _ ext. _ _ _ _ | |
| Study Area Code of Reporting Carrier | 280467 | 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 **Smithville Telephone Company, Inc.**

Signature of Authorized Officer

Rog V. Thompson

Date June 5, 2019

Printed name of Authorized Officer

Roger V. Thompson

Title or position of Authorized Officer

President

Telephone number or Authorized
Officer.

(662) 651-4131 _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

280467

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 **Smithville Telephone Company, Inc.**

Signature of Authorized Officer

Rog V. Thompson

Date June 5, 2019

Printed name of Authorized Officer

Roger V. Thompson

Title or position of Authorized Officer

President

Telephone number or Authorized
Officer.

(662_) 651-4131_ _ _ _ ext. _ _ _ _

Study Area Code of Reporting Carrier

280467

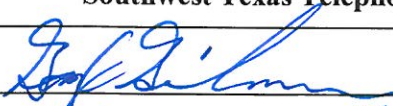
Filing Due Date for this form
(mm/dd/yyyy)

06/17/2019

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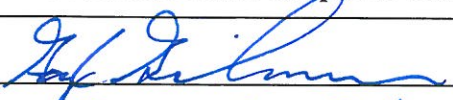
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 | | Southwest Texas Telephone Company | |
| Signature of Authorized Officer | | Date | |
|  | | May 28, 2019 | |
| Printed name of Authorized Officer | | Gary C. Gilmer | |
| Title or position of Authorized Officer | | President | |
| Telephone number or Authorized Officer. (830) 683 2111 ext. ____ | | | |
| Study Area Code of Reporting Carrier | 442135 | 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. | | | |

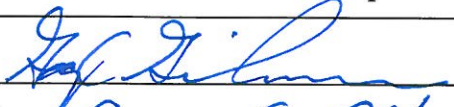
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 | | Southwest Texas Telephone Company | |
| Signature of Authorized Officer | | Date | |
|  | | May 28, 2019 | |
| Printed name of Authorized Officer | | Gary C. Gilmer | |
| Title or position of Authorized Officer | | President | |
| Telephone number of Authorized Officer. | | (830) 683 2111 ext. _ _ _ _ | |
| Study Area Code of Reporting Carrier | 442135 | 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

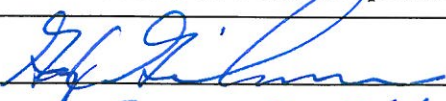
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

| | | | |
|---|--------|--|------------|
| Name of Reporting Carrier | | Southwest Texas Telephone Company | |
| Signature of Authorized Officer | | Date | |
|  | | May 28, 2019 | |
| Printed name of Authorized Officer | | Gary C. Gilmer | |
| Title or position of Authorized Officer | | President | |
| Telephone number of Authorized Officer. | | (830) 683 2111 ext. _____ | |
| Study Area Code of Reporting Carrier | 442135 | 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

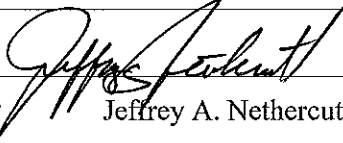
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

| | | | |
|---|---|--|------------|
| Name of Reporting Carrier | Southwest Texas Telephone Company | | |
| Signature of Authorized Officer |  | Date | 5/28/2019 |
| Printed name of Authorized Officer | Gary C. Gilmer | | |
| Title or position of Authorized Officer | President | | |
| Telephone number of Authorized Officer. | (830) 683 2111 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 442135 | 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 | Star Telephone Membership Corp. | | |
| Signature of Authorized Officer |  | Date | 06/03/2019 |
| Printed name of Authorized Officer | Jeffrey A. Nethercutt | | |
| Title or position of Authorized Officer | Executive Vice President & General Manager | | |
| Telephone number of Authorized Officer. | (910) 564-7869 | | |
| Study Area Code of Reporting Carrier | 230502 | 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

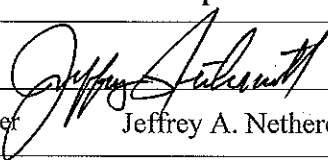
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

| | | | |
|---|---|---|------------|
| Name of Reporting Carrier | Star Telephone Membership Corp. | | |
| Signature of Authorized Officer |  | Date | 06/03/2019 |
| Printed name of Authorized Officer | Jeffrey A. Nethercutt | | |
| Title or position of Authorized Officer | Executive Vice President & General Manager | | |
| Telephone number or Authorized Officer. | (910) 564-7869 | | |
| Study Area Code of Reporting Carrier | 230502 | 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 | Star Telephone Membership Corp. | | |
| Signature of Authorized Officer |  | Date | 06/03/2019 |
| Printed name of Authorized Officer | Jeffrey A. Nethercutt | | |
| Title or position of Authorized Officer | Executive Vice President & General Manager | | |
| Telephone number or Authorized Officer. | (910) 564-7869 | | |
| Study Area Code of Reporting Carrier | 230502 | Filing Due Date for this form (mm/dd/yyyy) | 06/17/2019 |

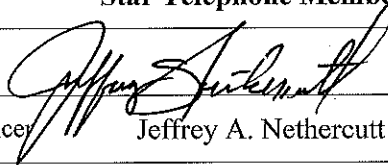
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Star Telephone Membership Corp.**

Signature of Authorized Officer



Date

06/03/2019

Printed name of Authorized Officer

Jeffrey A. Nethercutt

Title or position of Authorized Officer

Executive Vice President & General Manager

Telephone number or Authorized
Officer.

(910) 564-7869

Study Area Code of Reporting Carrier

230502

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

06/17/2019

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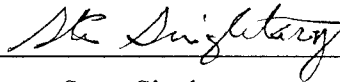
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Taylor Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date 5/28/19

Printed name of Authorized Officer Steve Singletary

Title or position of Authorized Officer General Manager/CEO

Telephone number of Authorized Officer. (325) 846-4111

Study Area Code of Reporting Carrier

442151

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

06/17/2019

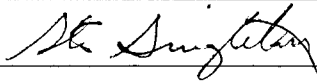
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **Taylor Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

5/28/19

Printed name of Authorized Officer

Steve Singletary

Title or position of Authorized Officer

General Manager/CEO

Telephone number of Authorized
Officer.

(325) 846-4111

Study Area Code of Reporting Carrier

442151

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

06/17/2019

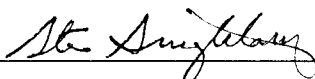
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

Signature of Authorized Officer



Date 5/28/19

Printed name of Authorized Officer Steve Singletary

Title or position of Authorized Officer General Manager/CEO

Telephone number of Authorized Officer. (325) 846-4111

Study Area Code of Reporting Carrier

442151

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

06/17/2019

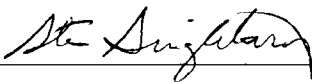
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Taylor Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date **5/28/19**

Printed name of Authorized Officer Steve Singletary

Title or position of Authorized Officer General Manager/CEO

Telephone number of Authorized Officer. **(325) 846-4111**

Study Area Code of Reporting Carrier

442151

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

06/17/2019

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