

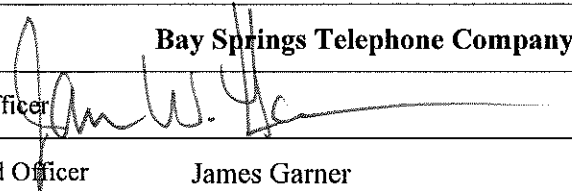
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Bay Springs Telephone Company**

Signature of Authorized Officer



Date 05/28/2019

Printed name of Authorized Officer James Garner

Title or position of Authorized Officer Vice President of Operations

Telephone number of Authorized Officer. (601) 354-9070

Study Area Code of Reporting Carrier

280446

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 **Bay Springs Telephone Company**

Signature of Authorized Officer

Date **05/28/2019**

Printed name of Authorized Officer **James Garner**

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

Telephone number of Authorized Officer. **(601) 354-9070**

Study Area Code of Reporting Carrier

280446

Filing Due Date for this form
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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 **Bay Springs Telephone Company**

Signature of Authorized Officer 

Date **05/28/2019**

Printed name of Authorized Officer **James Garner**

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

Telephone number of Authorized Officer. **(601) 354-9070**

Study Area Code of Reporting Carrier

280446

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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 **Bay Springs Telephone Company**

Signature of Authorized Officer 

Date **05/28/2019**

Printed name of Authorized Officer **James Garner**

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

Telephone number of Authorized Officer. **(601) 354-9070**

Study Area Code of Reporting Carrier

280446

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 **Crockett Telephone Company**

Signature of Authorized Officer  Date 05/28/2019

Printed name of Authorized Officer James Garner

Title or position of Authorized Officer Vice President of Operations

Telephone number of Authorized Officer. (601) 354-9070

Study Area Code of Reporting Carrier	290561		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019
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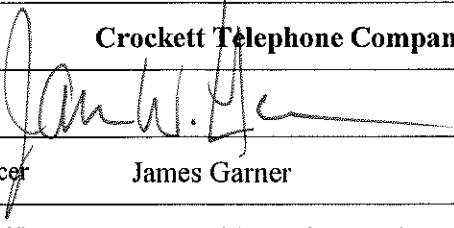
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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		Crockett Telephone Company	
Signature of Authorized Officer		Date 05/28/2019	
Printed name of Authorized Officer		James Garner	
Title or position of Authorized Officer		Vice President of Operations	
Telephone number of Authorized Officer.		(601) 354-9070	
Study Area Code of Reporting Carrier	290561	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	Crockett Telephone Company		
Signature of Authorized Officer		Date	05/28/2019
Printed name of Authorized Officer	James Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number or Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	290561	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019

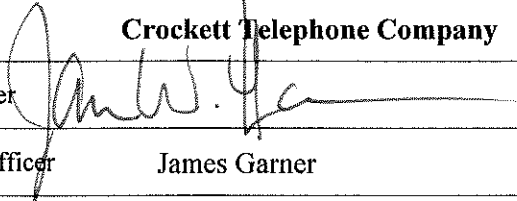
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Crockett Telephone Company**

Signature of Authorized Officer



Date 05/28/2019

Printed name of Authorized Officer **James Garner**

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

Telephone number of Authorized Officer. **(601) 354-9070**

Study Area Code of Reporting Carrier

290561

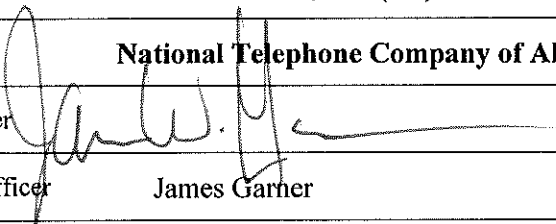
Filing Due Date for this form
(mm/dd/yyyy)

06/17/2019

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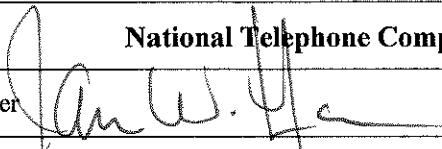
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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		National Telephone Company of Alabama	
Signature of Authorized Officer 		Date 05/28/2019	
Printed name of Authorized Officer		James Garner	
Title or position of Authorized Officer		Vice President of Operations	
Telephone number or Authorized Officer.		(601) 354-9070	
Study Area Code of Reporting Carrier	250286	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	National Telephone Company of Alabama		
Signature of Authorized Officer			Date 05/28/2019
Printed name of Authorized Officer	James Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number of Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	250286		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 **National Telephone Company of Alabama**

Signature of Authorized Officer

Date **05/28/2019**

Printed name of Authorized Officer

James Garner

Title or position of Authorized Officer

Vice President of Operations

Telephone number of Authorized Officer.

(601) 354-9070

Study Area Code of Reporting Carrier

250286

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 **National Telephone Company of Alabama**

Signature of Authorized Officer  Date **05/28/2019**

Printed name of Authorized Officer **James Garner**

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

Telephone number of Authorized Officer. **(601) 354-9070**

Study Area Code of Reporting Carrier

250286

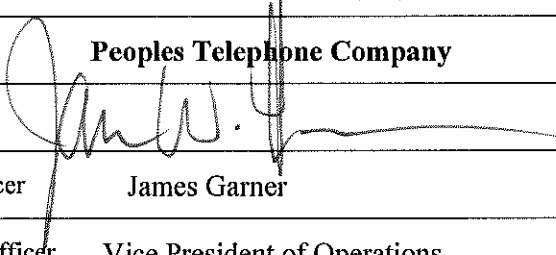
Filing Due Date for this form
(mm/dd/yyyy)

06/17/2019

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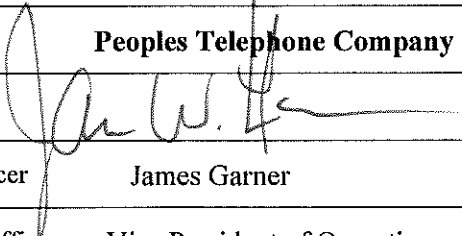


**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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	Peoples Telephone Company				
Signature of Authorized Officer			Date 05/28/2019		
Printed name of Authorized Officer	James Garner				
Title or position of Authorized Officer	Vice President of Operations				
Telephone number of Authorized Officer.	(601) 354-9070				
Study Area Code of Reporting Carrier	290576		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	Peoples Telephone Company				
Signature of Authorized Officer			Date 05/28/2019		
Printed name of Authorized Officer	James Garner				
Title or position of Authorized Officer	Vice President of Operations				
Telephone number of Authorized Officer.	(601) 354-9070				
Study Area Code of Reporting Carrier	290576		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	

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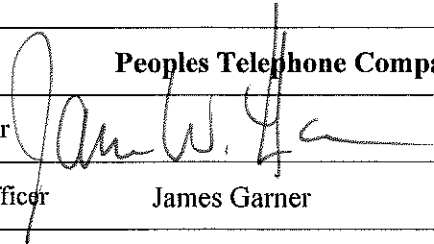
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

Peoples Telephone Company

Signature of Authorized Officer



Date 05/28/2019

Printed name of Authorized Officer

James Garner

Title or position of Authorized Officer

Vice President of Operations

Telephone number of Authorized Officer.

(601) 354-9070

Study Area Code of Reporting Carrier

290576

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

06/17/2019

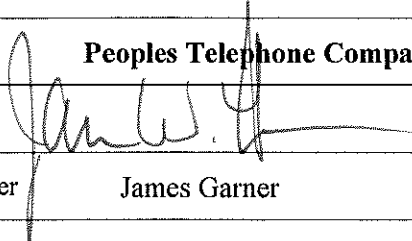
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Peoples Telephone Company**

Signature of Authorized Officer



Date **05/28/2019**

Printed name of Authorized Officer **James Garner**

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

Telephone number of Authorized Officer. **(601) 354-9070**

Study Area Code of Reporting Carrier

290576

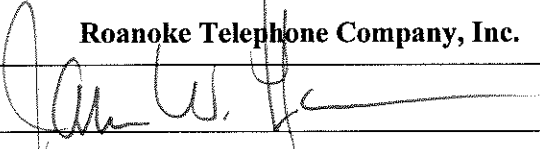
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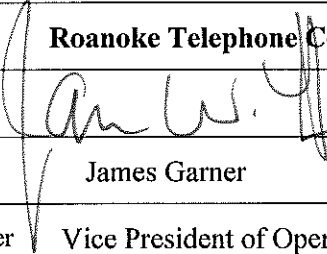
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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	Roanoke Telephone Company, Inc.				
Signature of Authorized Officer			Date 05/28/2019		
Printed name of Authorized Officer	James Garner				
Title or position of Authorized Officer	Vice President of Operations				
Telephone number of Authorized Officer.	(601) 354-9070				
Study Area Code of Reporting Carrier	250317		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

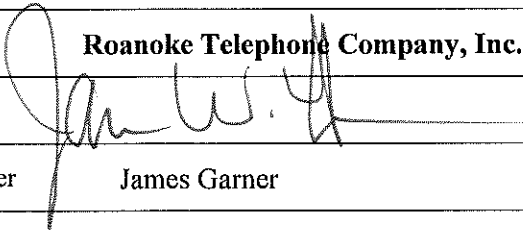
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Roanoke Telephone Company, Inc.				
Signature of Authorized Officer			Date 05/28/2019		
Printed name of Authorized Officer	James Garner				
Title or position of Authorized Officer	Vice President of Operations				
Telephone number or Authorized Officer.	(601) 354-9070				
Study Area Code of Reporting Carrier	250317		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	Roanoke Telephone Company, Inc.		
Signature of Authorized Officer		Date	05/28/2019
Printed name of Authorized Officer	James Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number of Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	250317	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019

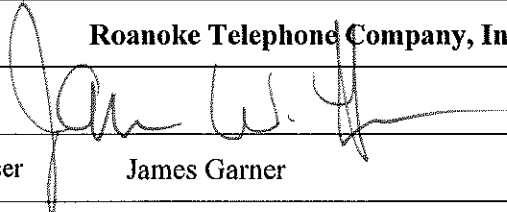
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Roanoke Telephone Company, Inc.**

Signature of Authorized Officer



Date **05/28/2019**

Printed name of Authorized Officer **James Garner**

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

Telephone number of Authorized Officer. **(601) 354-9070**

Study Area Code of Reporting Carrier

250317

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

06/17/2019

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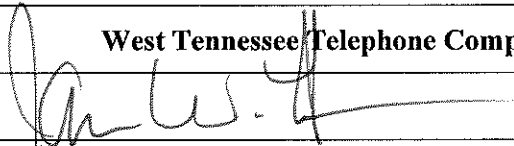
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I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 **West Tennessee Telephone Company, Inc.**

Signature of Authorized Officer



Date 05/28/2019

Printed name of Authorized Officer James Garner

Title or position of Authorized Officer Vice President of Operations

Telephone number of Authorized Officer. (601) 354-9070

Study Area Code of Reporting Carrier

290583

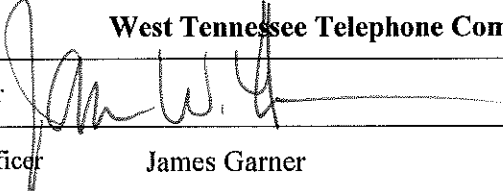
Filing Due Date for this form
(mm/dd/yyyy)

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	West Tennessee Telephone Company, Inc.		
Signature of Authorized Officer			Date 05/28/2019
Printed name of Authorized Officer	James Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number of Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	290583		Filing Due Date for this form (mm/dd/yyyy) 06/17/2019

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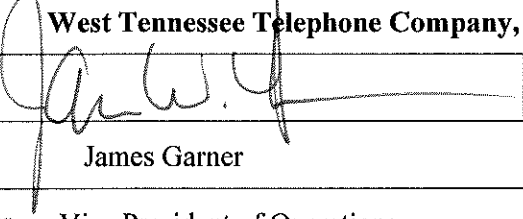
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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		West Tennessee Telephone Company, Inc.	
Signature of Authorized Officer		Date 05/28/2019	
Printed name of Authorized Officer		James Garner	
Title or position of Authorized Officer		Vice President of Operations	
Telephone number of Authorized Officer.		(601) 354-9070	
Study Area Code of Reporting Carrier	290583	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	West Tennessee Telephone Company, Inc.		
Signature of Authorized Officer		Date	05/28/2019
Printed name of Authorized Officer	James Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number of Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	290583	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.

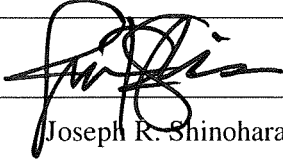
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

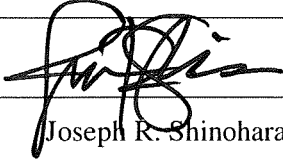
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, 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	TeleGuam Holdings, LLC
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Signature of Authorized Officer		Date
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Signature of Authorized Officer		Date
Printed name of Authorized Officer		06/06/2019

Signature of Authorized Officer		Date
Printed name of Authorized Officer		06/06/2019

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

Telephone number or Authorized Officer.	(671) 644-1653 _ _ _ _ _ ext. _ _ _ _ _
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Study Area Code of Reporting Carrier	663800		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	
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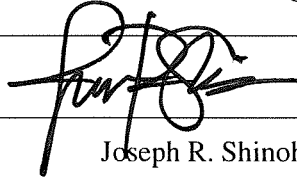
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **TeleGuam Holdings, LLC**

Signature of Authorized Officer



Date
06/06/2019

Printed name of Authorized Officer **Joseph R. Shinohara**

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

Telephone number of Authorized Officer. **(671) 644-1653 ext. _ _ _ _**

Study Area Code of Reporting Carrier

663800

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

06/17/2019

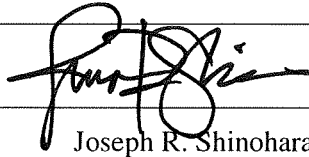
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **TeleGuam Holdings, LLC**

Signature of Authorized Officer



Date

06/06/2019

Printed name of Authorized Officer

Joseph R. Shinohara

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(671) 644-1653_ ext. _ _ _ _

Study Area Code of Reporting Carrier

663800

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

06/17/2019

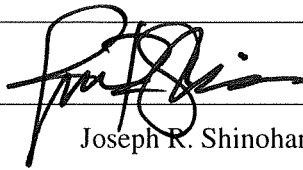
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **TeleGuam Holdings, LLC**

Signature of Authorized Officer



Date

06/06/2019

Printed name of Authorized Officer

Joseph R. Shinohara

Title or position of Authorized Officer

Chief Financial Officer

Telephone number or Authorized
Officer.

(671) 644-1653__ ext. ____

Study Area Code of Reporting Carrier

663800

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

06/17/2019

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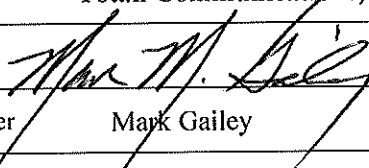
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Totah Communications, Inc.**

Signature of Authorized Officer



Date

6-13-2019

Printed name of Authorized Officer Mark Gailey

Title or position of Authorized Officer President/General Manager

Telephone number of Authorized Officer. (918) 535-2208 ext. _ _ _ _

Study Area Code of Reporting Carrier

412030

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

06/17/2019

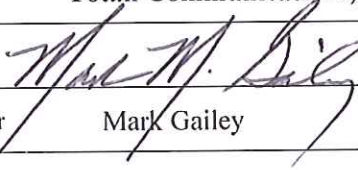
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **Total Communications, Inc.**

Signature of Authorized Officer



Date

06-13-2019

Printed name of Authorized Officer

Mark Gailey

Title or position of Authorized Officer

President/General Manager

Telephone number or Authorized Officer.

(918) 535-2208 ext. _ _ _ _

Study Area Code of Reporting Carrier

412030

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

06/17/2019

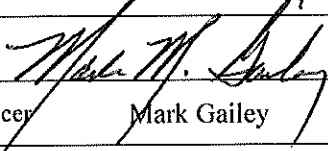
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Totah Communications, Inc.**

Signature of Authorized Officer



Date

6-13-2019

Printed name of Authorized Officer

Mark Gailey

Title or position of Authorized Officer

President/General Manager

Telephone number of Authorized Officer.

(918) 535-2208 ext. _ _ _ _

Study Area Code of Reporting Carrier

412030

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

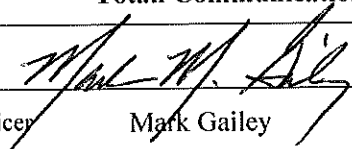
06/17/2019

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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 **Totah Communications, Inc.**

Signature of Authorized Officer  Date **6-13-2019**

Printed name of Authorized Officer **Mark Gailey**

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

Telephone number or Authorized Officer. **(918) 535-2208** ext. **----**

Study Area Code of Reporting Carrier	412030	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019
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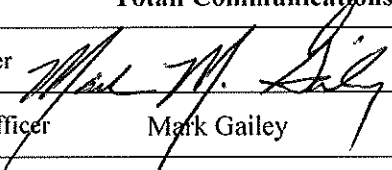
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Totah Communications, Inc.**

Signature of Authorized Officer



Date

6-13-2019

Printed name of Authorized Officer

Mark Gailey

Title or position of Authorized Officer President/General Manager

Telephone number of Authorized Officer. (918) 535-2208 ext. _ _ _ _ _

Study Area Code of Reporting Carrier

432030

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

06/17/2019

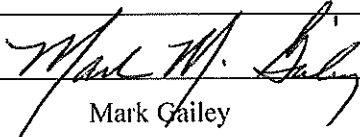
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **Totah Communications, Inc.**

Signature of Authorized Officer



Date

6-13-2019

Printed name of Authorized Officer

Mark Gailey

Title or position of Authorized Officer

President/General Manager

Telephone number of Authorized
Officer.

(918) 535-2208 ext. _ _ _ _

Study Area Code of Reporting Carrier

432030

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

06/17/2019

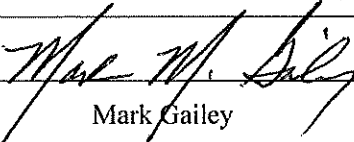
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Totah Communications, Inc.**

Signature of Authorized Officer



Date

6-13-2019

Printed name of Authorized Officer

Mark Gailey

Title or position of Authorized Officer

President/General Manager

Telephone number or Authorized
Officer.

(918) 535-2208 ext. _ _ _ _

Study Area Code of Reporting Carrier

432030

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

06/17/2019

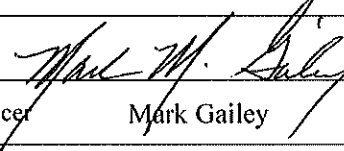
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Totah Communications, Inc.**

Signature of Authorized Officer



Date

6-13-2019

Printed name of Authorized Officer

Mark Gailey

Title or position of Authorized Officer

President/General Manager

Telephone number of Authorized
Officer.

(918) 535-2208 ext. **----**

Study Area Code of Reporting Carrier

432030

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	Tri County Telephone Association, Inc.		
Signature of Authorized Officer	<i>Paula Riley</i>		Date <i>5/28/2019</i>
Printed name of Authorized Officer	<i>Paula Riley</i>		
Title or position of Authorized Officer	<i>Controller</i>		
Telephone number of Authorized Officer. (<i>307</i>) <i>568 2427</i> ext. <i> </i>			
Study Area Code of Reporting Carrier	512296	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		Tri County Telephone Association, Inc.	
Signature of Authorized Officer		Date	
<i>Paula Riley</i>		<i>5/28/2019</i>	
Printed name of Authorized Officer		<i>Paula Riley</i>	
Title or position of Authorized Officer		<i>Controller</i>	
Telephone number or Authorized Officer.		<i>(307) 568 2427</i> ext. _ _ _ _	
Study Area Code of Reporting Carrier	512296	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	Tri County Telephone Association, Inc.		
Signature of Authorized Officer	<i>Paula Riley</i>	Date	<i>5/28/2019</i>
Printed name of Authorized Officer	<i>Paula Riley</i>		
Title or position of Authorized Officer	<i>Controller</i>		
Telephone number or Authorized Officer.	<i>(307) 568 2427</i> ext. _ _ _ _		
Study Area Code of Reporting Carrier	512296	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		Tri County Telephone Association, Inc.	
Signature of Authorized Officer	<i>Paula Riley</i>	Date	<i>5/28/2019</i>
Printed name of Authorized Officer		<i>Paula Riley</i>	
Title or position of Authorized Officer		<i>Controller</i>	
Telephone number or Authorized Officer.		<i>(307) 568 2427</i> ext. _ _ _ _	
Study Area Code of Reporting Carrier	512296	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	Tri-County Telephone Company, Inc.
---------------------------	------------------------------------

Signature of Authorized Officer		Date
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	6/10/2019
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Printed name of Authorized Officer	Robert Mouser
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Title or position of Authorized Officer	Vice President
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Telephone number of Authorized Officer.	(870) 429-1116
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Study Area Code of Reporting Carrier	401726		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	
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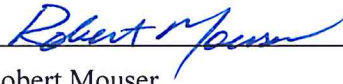
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Tri-County 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

401726

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 **Tri-County Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/10/2109

Printed name of Authorized Officer

Robert Mouser

Title or position of Authorized Officer

Vice President

Telephone number or Authorized
Officer.

(870) 429-1116

Study Area Code of Reporting Carrier

401726

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

06/17/2019

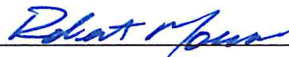
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Tri-County 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

401726

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

06/17/2019

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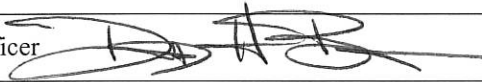
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Chester Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date 5/14/19

Printed name of Authorized Officer David H. Brunt

Title or position of Authorized Officer Executive Vice President & Chief Financial Officer

Telephone number of Authorized Officer. (8 0 3) 5 8 1 - 9 1 9 5

Study Area Code of Reporting Carrier

240516

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

06/17/2019

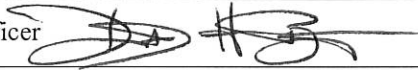
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **Chester Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date

5/14/19

Printed name of Authorized Officer

David H. Brunt

Title or position of Authorized Officer

Executive Vice President & Chief Financial Officer

Telephone number of Authorized Officer.

(8 0 3) 5 8 1 - 9 1 9 5

Study Area Code of Reporting Carrier

240516

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

06/17/2019

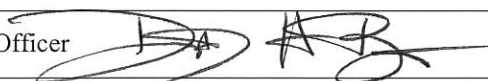
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Chester Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date

5/14/19

Printed name of Authorized Officer

David H. Brunt

Title or position of Authorized Officer

Executive Vice President & Chief Financial Officer

Telephone number of Authorized Officer.

(8 0 3) 5 8 1 - 9 1 9 5

Study Area Code of Reporting Carrier

240516

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

06/17/2019

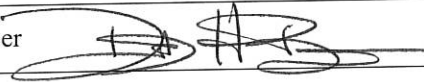
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Chester Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date

5/14/19

Printed name of Authorized Officer

David H. Brunt

Title or position of Authorized Officer

Executive Vice President & Chief Financial Officer

Telephone number of Authorized Officer.

(8 0 3) 5 8 1 - 9 1 9 5

Study Area Code of Reporting Carrier

240516

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 **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date
5/14/19

Printed name of Authorized Officer David H. Brunt

Title or position of Authorized Officer Executive Vice President & Chief Financial Officer

Telephone number of Authorized Officer. (8 0 3) 5 8 1 - 9 1 9 5

Study Area Code of Reporting Carrier

240541

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 **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date **5/14/19**

Printed name of Authorized Officer

David H. Brunt

Title or position of Authorized Officer

Executive Vice President & Chief Financial Officer

Telephone number of Authorized Officer.

(8 0 3) 5 8 1 - 9 1 9 5

Study Area Code of Reporting Carrier

240541

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

06/17/2019

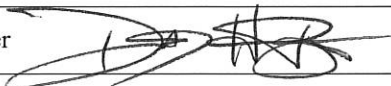
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date

5/14/19

Printed name of Authorized Officer

David H. Brunt

Title or position of Authorized Officer

Executive Vice President & Chief Financial Officer

Telephone number of Authorized Officer.

(8 0 3) 5 8 1 - 9 1 9 5

Study Area Code of Reporting Carrier

240541

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

06/17/2019

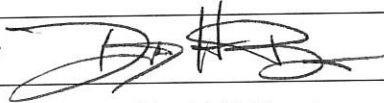
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Ridgeway Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date **5/14/19**

Printed name of Authorized Officer **David H. Brunt**

Title or position of Authorized Officer **Executive Vice President & Chief Financial Officer**

Telephone number of Authorized Officer. **(803) 581-9195**

Study Area Code of Reporting Carrier

240541

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 **Lockhart Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date

5/14/19

Printed name of Authorized Officer David H. Brunt

Title or position of Authorized Officer Executive Vice President & Chief Financial Officer

Telephone number of Authorized Officer. (8 0 3) 5 8 1 - 9 1 9 5

Study Area Code of Reporting Carrier

240532

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 **Lockhart Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date

5/14/19

Printed name of Authorized Officer

David H. Brunt

Title or position of Authorized Officer

Executive Vice President & Chief Financial Officer

Telephone number of Authorized Officer.

(803) 581-9195

Study Area Code of Reporting Carrier

240532

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

06/17/2019

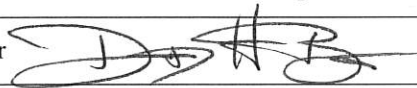
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Lockhart Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date **5/14/19**

Printed name of Authorized Officer **David H. Brunt**

Title or position of Authorized Officer **Executive Vice President & Chief Financial Officer**

Telephone number of Authorized Officer.

(803) 581-9195

Study Area Code of Reporting Carrier

240532

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 **Lockhart Telephone Company d/b/a TruVista Communications**

Signature of Authorized Officer



Date **5/14/19**

Printed name of Authorized Officer **David H. Brunt**

Title or position of Authorized Officer **Executive Vice President & Chief Financial Officer**

Telephone number of Authorized Officer. **(803) 581-9195**

Study Area Code of Reporting Carrier

240532


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	Twin Lakes Telephone Cooperative Corp.				
Signature of Authorized Officer				Date	06/12/2019
Printed name of Authorized Officer	Bridget Betcher				
Title or position of Authorized Officer	CFO				
Telephone number of Authorized Officer.	(931) 405 3219 ext. _ _ _ _				
Study Area Code of Reporting Carrier	290579		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		Twin Lakes Telephone Cooperative Corp.			
Signature of Authorized Officer			Date 06/12/2019		
Printed name of Authorized Officer		Bridget Betcher			
Title or position of Authorized Officer		CFO			
Telephone number or Authorized Officer.		(9 3 1) 4 0 5 3 2 1 9 ext. _ _ _ _			
Study Area Code of Reporting Carrier	290579		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 **Twin Lakes Telephone Cooperative Corp.**

Signature of Authorized Officer

Date

Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number or Authorized
Officer.

(_ _ _ _) _ _ _ _ _ _ _ _ ext. _ _ _ _

Study Area Code of Reporting Carrier

290579

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(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	Twin Lakes Telephone Cooperative Corp.
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Signature of Authorized Officer	Date
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Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number or Authorized Officer.

(_ _ _) _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier	290579		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	
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