

**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)
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Name of Reporting Carrier	Twin Valley Tel. Inc.
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Signature of Authorized Officer	Date
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Printed name of Authorized Officer	Scott Leitzel
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Title or position of Authorized Officer	Chief Operating Officer
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Telephone number of Authorized Officer.	785-427-2211 ext. _ _ _ _
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Study Area Code of Reporting Carrier	411840		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

Name of Reporting Carrier	Twin Valley Tel. Inc.
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Signature of Authorized Officer	Date
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Printed name of Authorized Officer	Scott Leitzel
------------------------------------	---------------

Title or position of Authorized Officer	Chief Operating Officer
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Telephone number or Authorized Officer.	785-427-2211 ext. _ _ _ _
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Study Area Code of Reporting Carrier	411840		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 Valley Tel. Inc.**

Signature of Authorized Officer

Date

Printed name of Authorized Officer Scott Leitzel

Title or position of Authorized Officer Chief Operating Officer

Telephone number or Authorized
Officer.

785-427-2211 ext. _ _ _ _

Study Area Code of Reporting Carrier

411840

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	Twin Valley Tel. Inc.
---------------------------	------------------------------

Signature of Authorized Officer	
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Date

Printed name of Authorized Officer	Scott Leitzel
------------------------------------	----------------------

Title or position of Authorized Officer	Chief Operating Officer
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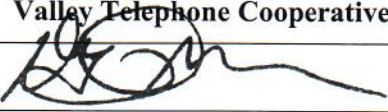
Telephone number or Authorized Officer.	785-427-2211 ext. _ _ _ _
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Study Area Code of Reporting Carrier	411840		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

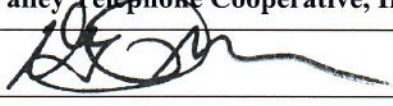
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Valley Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	5/28/19
Printed name of Authorized Officer	Dave Osborn		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(956) 642 1124 ext. 124		
Study Area Code of Reporting Carrier	442159	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	Valley Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	5/28/19
Printed name of Authorized Officer	Dave Osborn		
Title or position of Authorized Officer	CEO		
Telephone number or Authorized Officer.	(956) 642 1124 ext. 124		
Study Area Code of Reporting Carrier	442159	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.

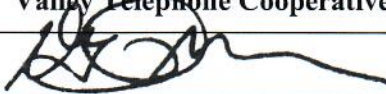
Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Valley Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	5/28/19
Printed name of Authorized Officer	Dave Osborn		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(956) 642 1124 ext. 124		
Study Area Code of Reporting Carrier	442159	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 **Valley Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

5/28/19

Printed name of Authorized Officer Dave Osborn

Title or position of Authorized Officer CEO

Telephone number of Authorized Officer.

(956) 642 1124 ext. 124

Study Area Code of Reporting Carrier

442159

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**

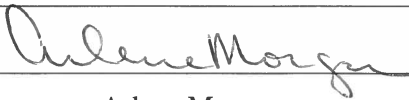
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Valley Telephone Co., LLC		
Signature of Authorized Officer			Date 6/10/19
Printed name of Authorized Officer	Arlene Morgan		
Title or position of Authorized Officer	Director-Regulatory Finance		
Telephone number or Authorized Officer.	(706) 645-8116 ext. _ _ _ _		
Study Area Code of Reporting Carrier	220324		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		Valley Telephone Co., LLC	
Signature of Authorized Officer			Date 6/10/19
Printed name of Authorized Officer		Arlene Morgan	
Title or position of Authorized Officer		Director-Regulatory Finance	
Telephone number or Authorized Officer.		(706) 645-8116 ext. _ _ _ _	
Study Area Code of Reporting Carrier	220324	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 **Valley Telephone Co., LLC**

Signature of Authorized Officer 	Date 6/10/19
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Printed name of Authorized Officer **Arlene Morgan**

Title or position of Authorized Officer **Director-Regulatory Finance**

Telephone number or Authorized Officer. **(706) 645-8116 ext. _ _ _ _**

Study Area Code of Reporting Carrier 220324		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	Valley Telephone Co., LLC		
Signature of Authorized Officer		Date	6/10/19
Printed name of Authorized Officer	Arlene Morgan		
Title or position of Authorized Officer	Director-Regulatory Finance		
Telephone number or Authorized Officer.	(706) 645-8116 ext. _ _ _ _		
Study Area Code of Reporting Carrier	220324	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019

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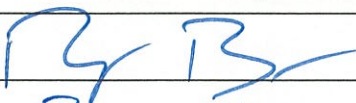
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Webb-Dickens Telephone Corporation**

Signature of Authorized Officer



Date

6/10/19

Printed name of Authorized Officer

Ryan Boone

Title or position of Authorized Officer

COO

Telephone number of Authorized Officer.

(712) 722 3451 ext.

Study Area Code of Reporting Carrier

351327

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 **Webb-Dickens Telephone Corporation**

Signature of Authorized Officer

[Handwritten Signature]

Date

6/10/19

Printed name of Authorized Officer

Ryan Boone

Title or position of Authorized Officer

COO

Telephone number of Authorized Officer.

(712) 722 3451 ext. *----*

Study Area Code of Reporting Carrier

351327

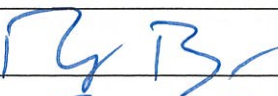
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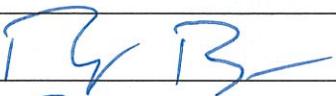
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Name of Reporting Carrier		Webb-Dickens Telephone Corporation	
Signature of Authorized Officer			Date 6/10/19
Printed name of Authorized Officer		Ryan Boone	
Title or position of Authorized Officer		COO	
Telephone number of Authorized Officer.		(712) 722 3451 ext. _ _ _ _	
Study Area Code of Reporting Carrier	351327	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		Webb-Dickens Telephone Corporation	
Signature of Authorized Officer			Date 6/10/19
Printed name of Authorized Officer		Ryan Boone	
Title or position of Authorized Officer		COO	
Telephone number of Authorized Officer.		(712) 722 3451 ext. _ _ _ _	
Study Area Code of Reporting Carrier	351327	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 **West Carolina Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/07/2019

Printed name of Authorized Officer

Lance A. Tade

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(864) 446 9256 ext. _____

Study Area Code of Reporting Carrier

240550


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

06/17/2019

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

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Name of Reporting Carrier		West Carolina Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date	
		6/07/2019	
Printed name of Authorized Officer		Lance A. Tade	
Title or position of Authorized Officer		CFO	
Telephone number of Authorized Officer.		(864) 446 9252 ext. _____	
Study Area Code of Reporting Carrier	240550	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019

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Name of Reporting Carrier **West Carolina Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/07/2019

Printed name of Authorized Officer

Lance A. Tade

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(864) 446 9252 ext. _____

Study Area Code of Reporting Carrier

240550

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

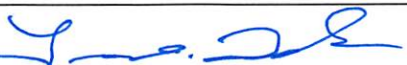
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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Name of Reporting Carrier **West Carolina Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer  Date 6/07/2019

Printed name of Authorized Officer Lance A. Tode

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer. (864) 446 9256 ext.

Study Area Code of Reporting Carrier

240550

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)
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Name of Reporting Carrier	Wilkes Telephone & Electric Company, Inc.
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Signature of Authorized Officer	<i>April Dyson</i>	Date	06/11/19
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Printed name of Authorized Officer	April Dyson
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Title or position of Authorized Officer	President
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Telephone number of Authorized Officer.	(706 678 9527 ext.)
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Study Area Code of Reporting Carrier	220394		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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Name of Reporting Carrier	Wilkes Telephone & Electric Company, Inc.			
Signature of Authorized Officer	<i>April Dyson</i>		Date	06/11/19
Printed name of Authorized Officer	April Dyson			
Title or position of Authorized Officer	President			
Telephone number or Authorized Officer.	(706 678 9527) _ _ _ _ _ ext. _ _ _ _ _			
Study Area Code of Reporting Carrier	220394		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019
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Name of Reporting Carrier	Wilkes Telephone & Electric Company, Inc.				
Signature of Authorized Officer	<i>April Dyson</i>			Date	06/11/19
Printed name of Authorized Officer	April Dyson				
Title or position of Authorized Officer	President				
Telephone number or Authorized Officer.	(706 678 9527) _ _ _ _ _ ext. _ _ _ _ _				
Study Area Code of Reporting Carrier	220394		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	
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Name of Reporting Carrier	Wilkes Telephone & Electric Company, Inc.
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Signature of Authorized Officer	<i>April Dyson</i>	Date	06/11/19
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Printed name of Authorized Officer	April Dyson
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Title or position of Authorized Officer	President
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Telephone number or Authorized Officer.	(706 678 9527) _____ ext. _____
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Study Area Code of Reporting Carrier	220394		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	
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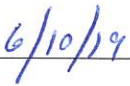

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Name of Reporting Carrier	Winnebago Cooperative Telecom Association		
Signature of Authorized Officer		Date	6/10/19
Printed name of Authorized Officer	Mark Thoma		
Title or position of Authorized Officer	CEO		
Telephone number or Authorized Officer.	(641) 592-6105 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351337-IA 361337-MN	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019

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Name of Reporting Carrier	Winnebago Cooperative Telecom Association			
Signature of Authorized Officer			Date	
Printed name of Authorized Officer	Mark Thoma			
Title or position of Authorized Officer	CEO			
Telephone number or Authorized Officer.	(641) 592-6105 ext. _ _ _ _			
Study Area Code of Reporting Carrier	351337- IA		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019
	361337- MN			

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	Winnebago Cooperative Telecom Association			
Signature of Authorized Officer			Date	
Printed name of Authorized Officer	Mark Thoma			
Title or position of Authorized Officer	CEO			
Telephone number of Authorized Officer.	(641) 592-6105 ext. _ _ _ _			
Study Area Code of Reporting Carrier	351337- IA		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019
	361337- MN			

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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 **Winnebago Cooperative Telecom Association**

Signature of Authorized Officer



Date

6/10/19

Printed name of Authorized Officer

Mark Thoma

Title or position of Authorized Officer CEO

Telephone number of Authorized Officer. (641) 592-6105 ext. _ _ _ _

Study Area Code of Reporting Carrier

**351337-
IA**

**361337-
MN**


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	Winnebago Cooperative Telecom Association-LB		
Signature of Authorized Officer		Date	6/10/19
Printed name of Authorized Officer	Mark Thoma		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(641) 592-6105 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351338	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.			


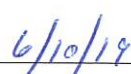
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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	Winnebago Cooperative Telecom Association-LB		
Signature of Authorized Officer		Date	<i>6/10/19</i>
Printed name of Authorized Officer	Mark Thoma		
Title or position of Authorized Officer	CEO		
Telephone number or Authorized Officer.	(641) 592-6105 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351338	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	Winnebago Cooperative Telecom Association-LB		
Signature of Authorized Officer		Date	
Printed name of Authorized Officer	Mark Thoma		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(641) 592-6105 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351338	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	Winnebago Cooperative Telecom Association-LB		
Signature of Authorized Officer		Date	6/10/19
Printed name of Authorized Officer	Mark Thoma		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(641) 592-6105 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351338	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	Yadkin Valley Telephone Membership Corporation		
Signature of Authorized Officer		Date	6/11/2019
Printed name of Authorized Officer	Mitze S. Branon		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(336) 463 5022 ext. _____		
Study Area Code of Reporting Carrier	230511	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.			

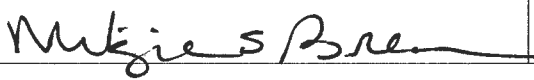
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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		Yadkin Valley Telephone Membership Corporation	
Signature of Authorized Officer			Date 6/11/2019
Printed name of Authorized Officer		Mitzre S. Branon	
Title or position of Authorized Officer		CEO	
Telephone number of Authorized Officer.		(336) 463 5022 ext. _ _ _ _	
Study Area Code of Reporting Carrier	230511	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	Yadkin Valley Telephone Membership Corporation		
Signature of Authorized Officer		Date	6/11/2019
Printed name of Authorized Officer	Mitze S. Branon		
Title or position of Authorized Officer	CEO		
Telephone number or Authorized Officer.	(336) 463 5022 ext. _____		
Study Area Code of Reporting Carrier	230511	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		Yadkin Valley Telephone Membership Corporation	
Signature of Authorized Officer	Mitzie S. Branon	Date	6/11/2019
Printed name of Authorized Officer		Mitzie S. Branon	
Title or position of Authorized Officer		CEO	
Telephone number or Authorized Officer.		(336) 463 5022 ext. _____	
Study Area Code of Reporting Carrier	230511	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.			