

**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	<b>Twin Valley Tel. Inc.</b>			
Signature of Authorized Officer				Date
Printed name of Authorized Officer	Scott Leitzel			
Title or position of Authorized Officer	Chief Operating Officer			
Telephone number of Authorized Officer.	785-427-2211 ext. _ _ _ _			
Study Area Code of Reporting Carrier	<b>411840</b>		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 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 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**

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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		<b>Twin Valley Tel. Inc.</b>	
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	<b>411840</b>	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019
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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

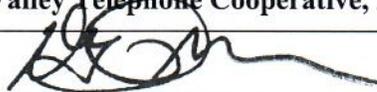
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Name of Reporting Carrier **Valley Telephone Cooperative, Inc.**

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

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Filing Due Date for this form  
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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

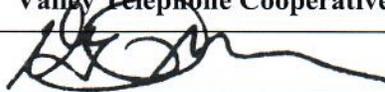
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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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

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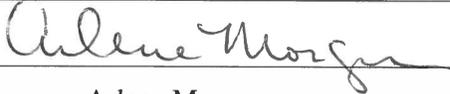
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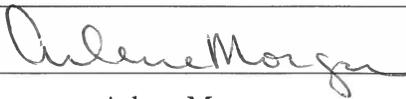
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Valley Telephone Co., LLC		
Signature of Authorized Officer		Date 6/10/19	
Printed name of Authorized Officer	Arlene Morgan		
Title or position of Authorized Officer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

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**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		<b>Valley Telephone Co., LLC</b>	
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	<b>220324</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2019</b>

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

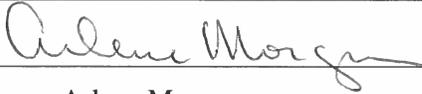
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier		<b>Valley Telephone Co., LLC</b>	
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	<b>220324</b>	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019

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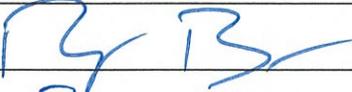
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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	<b>Valley Telephone Co., LLC</b>		
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. _ _ _ _		
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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	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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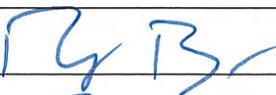
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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	<b>Webb-Dickens Telephone Corporation</b>		
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 Eligibility for CAF/ICC Recovery**

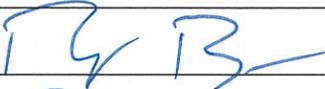
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Name of Reporting Carrier		<b>Webb-Dickens Telephone Corporation</b>	
Signature of Authorized Officer		Date	6/10/19
Printed name of Authorized Officer		Ryan Boone	
Title or position of Authorized Officer		COO	
Telephone number of Authorized Officer.		(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**

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Name of Reporting Carrier	<b>Webb-Dickens Telephone Corporation</b>		
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. _ _ _ _		
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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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Name of Reporting Carrier		<b>West Carolina Rural Telephone Cooperative, Inc.</b>	
Signature of Authorized Officer		Date	<b>6/07/2019</b>
Printed name of Authorized Officer	<b>Lance A. Tade</b>		
Title or position of Authorized Officer	<b>CFO</b>		
Telephone number of Authorized Officer.	<b>(864) 446 9256</b> ext. _____		
Study Area Code of Reporting Carrier	<b>240550</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2019</b>

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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		<b>West Carolina Rural Telephone Cooperative, Inc.</b>	
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	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	<b>Wilkes Telephone &amp; Electric Company, Inc.</b>		
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 of Authorized Officer.	( 706 678 9527 ext. _____		
Study Area Code of Reporting Carrier	<b>220394</b>	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019
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Name of Reporting Carrier	<b>Wilkes Telephone &amp; Electric Company, Inc.</b>		
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	<b>220394</b>	Filing Due Date for this form (mm/dd/yyyy)	06/17/2019
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Name of Reporting Carrier	<b>Wilkes Telephone &amp; Electric Company, Inc.</b>		
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. _____		
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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Name of Reporting Carrier		<b>Wilkes Telephone &amp; Electric Company, Inc.</b>	
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	<b>220394</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2019</b>
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Name of Reporting Carrier		<b>Winnebago Cooperative Telecom Association</b>	
Signature of Authorized Officer			Date <b>6/10/19</b>
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	<b>351337-IA</b> <b>361337-MN</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2019</b>
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Name of Reporting Carrier		<b>Winnebago Cooperative Telecom Association</b>		
Signature of Authorized Officer		<i>Mark Thoma</i>	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	<b>351337-IA</b>		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019
	<b>361337-MN</b>			

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

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  
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	<i>6/10/19</i>
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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	<b>351337- IA</b>		Filing Due Date for this form (mm/dd/yyyy)	06/17/2019	
	<b>361337- MN</b>				

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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		<b>Winnebago Cooperative Telecom Association-LB</b>	
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	<b>351338</b>	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		<b>Winnebago Cooperative Telecom Association-LB</b>	
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 of Authorized Officer.		( 641 ) 592-6105 ext. _ _ _ _ _	
Study Area Code of Reporting Carrier	<b>351338</b>	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	<b>Winnebago Cooperative Telecom Association-LB</b>		
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	<b>351338</b>	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	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		<b>Yadkin Valley Telephone Membership Corporation</b>	
Signature of Authorized Officer		<i>Mitzre S. Branon</i>	Date <i>6/11/2019</i>
Printed name of Authorized Officer		<i>Mitzre S. Branon</i>	
Title or position of Authorized Officer		<i>CEO</i>	
Telephone number of Authorized Officer.		<i>(336) 463 5022</i> ext. _____	
Study Area Code of Reporting Carrier	<b>230511</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2019</b>
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	<b>Yadkin Valley Telephone Membership Corporation</b>		
Signature of Authorized Officer	<i>Mitzre S Branon</i>	Date	6/11/2019
Printed name of Authorized Officer	Mitzre 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		<b>Yadkin Valley Telephone Membership Corporation</b>	
Signature of Authorized Officer	<i>Mitzie S Branon</i>	Date	<i>6/11/2019</i>
Printed name of Authorized Officer	<i>Mitzie S. Branon</i>		
Title or position of Authorized Officer	<i>CEO</i>		
Telephone number of Authorized Officer.	<i>(336) 463 5022</i> ext. _____		
Study Area Code of Reporting Carrier	<b>230511</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2019</b>
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.			