

**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 the 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 | See TDS Telecom ILEC Listing Below | | |
| Signature of Authorized Officer |  | Date 5/26/2020 | |
| Printed name of Authorized Officer | Andrew Petersen | | |
| Title or position of Authorized Officer | Sr. Vice President – Corporate Affairs | | |
| Telephone number of Authorized Officer. | (608)664-4155 ext. _____ | | |
| Study Area Code of Reporting Carrier | See TDS Telecom ILEC Listing Below | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2020 |

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.

See Attachment S

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 **See TDS Telecom ILEC Listing Below**

| | | |
|---------------------------------|---|-----------------|
| Signature of Authorized Officer |  | Date 05/26/2020 |
|---------------------------------|---|-----------------|

Printed name of Authorized Officer Andrew Petersen

Title or position of Authorized Officer Sr. Vice President – Corporate Affairs

Telephone number of Authorized Officer. (608)664-4155 ext. _____

| | | | |
|--------------------------------------|---|---|-----------|
| Study Area Code of Reporting Carrier | See TDS TELECOM ILEC Listing Below | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2020 |
|--------------------------------------|---|---|-----------|

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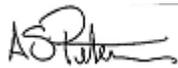
See Attachment S

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 **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 05/26/2020

Printed name of Authorized Officer Andrew Petersen

Title or position of Authorized Officer Sr. Vice President – Corporate Affairs

Telephone number or Authorized Officer. (608)664-4155 ext. _ _ _ _

Study Area Code of Reporting Carrier

**See TDS
TELECOM
ILEC Listing
Below**

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

6/16/2020

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See Attachment S

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, this 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 **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 05/26/2020

Printed name of Authorized Officer Andrew Petersen

Title or position of Authorized Officer Sr. Vice President – Corporate Affairs

Telephone number or Authorized Officer. (608)664-4155 ext. _ _ _ _

Study Area Code of Reporting Carrier

**See TDS
TELECOM
ILEC Listing
Below**

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

6/16/2020

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See Attachment S

Attachment S

| TDS Telecom Companies Group A Study Area Company Name | Study Area State | Study Area Code |
|--|-----------------------------|----------------------------|
| Camden Telephone and Telegraph Company, Inc. d/b/a TDS Telecom | GA | 220351 |
| Mt. Vernon Telephone Company d/b/a TDS Telecom | WI | 330917 |
| Oklahoma Communication Systems, LLC d/b/a TDS Telecom | OK | 431984 |
| Tennessee Telephone Company d/b/a TDS Telecom | TN | 290575 |

| TDS Telecom Companies-Group B Individual Study Area Company Name | State | Study Area Code |
|---|--------------|----------------------------|
| Arvig Telephone Company d/b/a TDS Telecom | MN | 361350 |
| Badger Telecom, LLC d/b/a TDS Telecom | WI | 330844 |
| Blue Ridge Telephone Company d/b/a TDS Telecom | GA | 220346 |
| Bridge Water Telephone Company d/b/a TDS Telecom | MN | 361362 |
| Central State Telephone Company, LLC d/b/a TDS Telecom | WI | 330859 |
| Concord Telephone Exchange Inc. d/b/a TDS Telecom | TN | 290559 |
| Mid-Plains Telephone LLC d/b/a TDS Telecom | WI | 330881 |
| Mid-State Telephone Company d/b/a TDS Telecom | MN | 361433 |
| Nelson-Ball Ground Telephone Co d/b/a TDS Telecom | GA | 220375 |
| Quincy Telephone Company-FL d/b/a TDS Telecom | FL | 210338 |
| Quincy Telephone Company-GA d/b/a TDS Telecom | GA | 220338 |
| Stockbridge & Sherwood Telephone Company, LLC d/b/a TDS Telecom | WI | 330954 |
| Strasburg Telephone Company d/b/a TDS Telecom | CO | 462207 |
| Tellico Telephone Company, Inc. d/b/a TDS Telecom | TN | 290578 |
| UTELCO LLC. d/b/a TDS Telecom | WI | 330963 |

Attachment S

| TDS Telecom Companies-Group C Individual Study Area Company Name | State | Study Area Code |
|--|--------------|----------------------------|
| Butler Telephone Company, Inc. d/b/a TDS Telecom | AL | 250284 |
| Communications Corporation of Indiana d/b/a TDS Telecom | IN | 320776 |
| Kearsarge Telephone Company d/b/a TDS Telecom | NH | 120045 |
| Merrimack County Telephone Company d/b/a TDS Telecom | NH | 122047 |
| MCTA, Inc. d/b/a Merrimack County Telephone Company - Contoocook Valley and Hollis Telephone Company d/b/a TDS Telecom | NH | 123321 |
| Peoples Telephone Company, Inc. d/b/a TDS Telecom | AL | 250314 |
| Somerset Telephone Company d/b/a TDS Telecom | ME | 100024 |
| Southwestern Telephone Company d/b/a TDS Telecom | AZ | 452174 |
| Williston Telephone Company d/b/a TDS Telecom | SC | 240551 |

| TDS Telecom Companies-Group D Individual Study Area Company Name | State | Study Area Code |
|---|--------------|----------------------------|
| Amelia Telephone Corporation. d/b/a TDS Telecom | VA | 190217 |
| Arizona Telephone Company d/b/a TDS Telecom | AZ | 452171 |
| Delta County Tele-Comm, Inc. d/b/a TDS Telecom | CO | 462184 |
| Leslie County Telephone Company d/b/a TDS Telecom | KY | 260411 |
| Midway Telephone Company, LLC d/b/a TDS Telecom | WI | 330909 |
| Riverside Telecom, LLC d/b/a TDS Telecom | WI | 330943 |
| Tipton Telephone Company, Inc. d/b/a TDS Telecom | IN | 320829 |
| Tri-County Telephone Company, Inc. d/b/a TDS Telecom | IN | 320830 |
| Union Telephone Company d/b/a TDS Telecom | NH | 120049 |
| Virginia Telephone Company d/b/a TDS Telecom | VA | 190253 |
| Waunakee Telephone Company, LLC d/b/a TDS Telecom | WI | 330968 |
| Wilton Telephone Company, Inc. d/b/a TDS Telecom | NH | 120050 |

Attachment S

| TDS Telecom Companies Group E Study Area Company Name | Study Area State | Study Area Code |
|--|-----------------------------|----------------------------|
| Communication Corporation of Michigan d/b/a TDS Telecom | MI | 310672 |
| Deposit Telephone Company, Inc d/b/a TDS Telecom | NY | 150089 |
| Hampden Telephone Company d/b/a TDS Telecom | ME | 100010 |
| Hartland and St Albans Telephone Company d/b/a TDS Telecom | ME | 100011 |
| Hornitos Telephone Co d/b/a TDS Telecom | CA | 542322 |
| Ludlow Telephone Company d/b/a TDS Telecom | VT | 140058 |
| McClellanville Telephone Company, Inc. d/b/a TDS Telecom | SC | 240533 |
| New Castle Telephone Company d/b/a TDS Telecom | VA | 193029 |
| Port Byron Telephone Company d/b/a TDS Telecom | NY | 150118 |
| Southeast Mississippi Telephone Company, Inc d/b/a TDS Telecom | MS | 283301 |
| St. Stephen Telephone Company d/b/a TDS Telecom | SC | 240544 |
| Sugar Valley Telephone Company d/b/a TDS Telecom | PA | 170206 |
| Vernon Telephone Company, Inc d/b/a TDS Telecom | NY | 150133 |
| Warren Telephone Company d/b/a TDS Telecom | ME | 100031 |
| Winterhaven Telephone Company d/b/a TDS Telecom | CA | 542323 |

| TDS Telecom Companies Group F Study Area Company Name | Study Area State | Study Area Code |
|--|-----------------------------|----------------------------|
| Asotin Telephone Company (OR) d/b/a TDS Telecom | OR | 532404 |
| Asotin Telephone Company (WA) d/b/a TDS Telecom | WA | 522404 |
| Calhoun City Telephone Company, Inc. d/b/a TDS Telecom | MS | 280448 |
| Chatham Telephone Company d/b/a TDS Telecom | MI | 310685 |
| Communications Corporation of Southern Indiana d/b/a TDS Telecom | IN | 320809 |
| Dickeyville Telephone, LLC d/b/a TDS Telecom | WI | 330875 |
| EastCoast Telecom of Wisconsin, LLC d/b/a TDS Telecom | WI | 330914 |
| Edwards Telephone Company, Inc. d/b/a TDS Telecom | NY | 150092 |
| Home Telephone Company, Inc. Waldron d/b/a TDS Telecom | IN | 320778 |
| Humphreys County Telephone Company d/b/a TDS Telecom | TN | 290566 |
| Mid-America Telephone, Inc. d/b/a TDS Telecom | OK | 432010 |
| Myrtle Telephone Company, Inc. d/b/a TDS Telecom | MS | 287449 |
| Potlatch Telephone Company d/b/a TDS Telecom | ID | 472230 |
| Shiawassee Telephone Company d/b/a TDS Telecom | MI | 310726 |
| Tenney Telephone Company, LLC d/b/a TDS Telecom | WI | 330958 |
| The Farmers Telephone Company, LLC d/b/a TDS Telecom | WI | 330880 |
| Wolverine Telephone Company d/b/a TDS Telecom | MI | 310738 |

Attachment S

| TDS Telecom Companies Group G Study Area Company Name | Study Area State | Study Area Code |
|---|-----------------------------|----------------------------|
| Arcadia Telephone Company d/b/a TDS Telecom | OH | 300585 |
| Black Earth Telephone Company, LLC d/b/a TDS Telecom | WI | 330849 |
| Bonduel Telephone Company, LLC d/b/a TDS Telecom | WI | 330851 |
| Burlington, Brighton and Wheatland Telephone Company, LLC d/b/a TDS Telecom | WI | 330856 |
| Camden Telephone Company, Inc. d/b/a TDS Telecom | IN | 320744 |
| Cobbosseecontee Telephone Company d/b/a TDS Telecom | ME | 100005 |
| Continental Telephone Company d/b/a TDS Telecom | OH | 300607 |
| Grantland Telecom, LLC d/b/a TDS Telecom | WI | 330930 |
| Happy Valley Telephone Company d/b/a TDS Telecom | CA | 542321 |
| Island Telephone Company d/b/a TDS Telecom | MI | 310677 |
| Lewis River Telephone Company, Inc. d/b/a TDS Telecom | WA | 522427 |
| Lewisport Telephone Company d/b/a TDS Telecom | KY | 260412 |
| Little Miami Communications Corporation d/b/a TDS Telecom | OH | 300613 |
| Mahanoy and Mahantango Telephone Company d/b/a TDS Telecom | PA | 170183 |
| McDaniel Telephone Company d/b/a TDS Telecom | WA | 522430 |
| Mosinee Telephone Company, LLC d/b/a TDS Telecom | WI | 330915 |
| Northfield Telephone Company d/b/a TDS Telecom | VT | 140061 |
| Oakwood Telephone Company d/b/a TDS Telecom | OH | 300645 |
| Perkinsville Telephone Company, Inc. d/b/a TDS Telecom | VT | 140062 |
| Salem Telephone Company d/b/a TDS Telecom | KY | 260417 |
| Scandinavia Telephone Company, LLC d/b/a TDS Telecom | WI | 330945 |
| Southeast Telephone Co. of Wisconsin, LLC d/b/a TDS Telecom | WI | 330952 |
| The Home Telephone Company of Pittsboro, Inc. d/b/a TDS Telecom | IN | 320777 |
| The Island Telephone Company d/b/a TDS Telecom | ME | 100007 |
| The Merchants and Farmers Telephone Company d/b/a TDS Telecom | IN | 320788 |
| The State Long Distance Telephone Company, LLC d/b/a TDS Telecom | WI | 330955 |
| The West Penobscot Telephone and Telegraph Company d/b/a TDS Telecom | ME | 100034 |
| Township Telephone Company, Inc. d/b/a TDS Telecom | NY | 150129 |
| Vernon Telephone Company, Inc. – Oriskany Falls d/b/a TDS Telecom | NY | 150114 |
| Winsted Telephone Company d/b/a TDS Telecom | MN | 361507 |

**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 **Arlington Telephone Company**

Signature of Authorized Officer *[Handwritten Signature]* Date *5-29-20*

Printed name of Authorized Officer *Joe Jelenky*

Title or position of Authorized Officer *President*

Telephone number or Authorized Officer. *(402) 426 6245* ext. _____

| | | | |
|--------------------------------------|---------------|---|------------|
| Study Area Code of Reporting Carrier | 371517 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
|--------------------------------------|---------------|---|------------|

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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 | | Arlington Telephone Company | |
| Signature of Authorized Officer | | Date | |
|  | | 5-29-20 | |
| Printed name of Authorized Officer | | | |
| Joe Jelenky | | | |
| Title or position of Authorized Officer | | | |
| President | | | |
| Telephone number or Authorized Officer. | | | |
| (402) 426 6245 ext. _____ | | | |
| Study Area Code of Reporting Carrier | 371517 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
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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 | | Arlington Telephone Company | |
| Signature of Authorized Officer | | Date | |
| | | 5-29-20 | |
| Printed name of Authorized Officer | | Joe Jelenky | |
| Title or position of Authorized Officer | | President | |
| Telephone number of Authorized Officer. | | (402) 426 6245 ext. _____ | |
| Study Area Code of Reporting Carrier | 371517 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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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 **Arlington Telephone Company**

Signature of Authorized Officer

[Handwritten Signature]

Date

5-29-20

Printed name of Authorized Officer

Joe Jetyensky

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

(402) 426 6245 ext. _____

Study Area Code of Reporting Carrier

371517

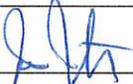
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| | | | |
|--|---|---|------------|
| Name of Authorized Agent | John Staurulakis, Inc. (JSI) | | |
| Name of Reporting Carrier | The Blair Telephone Company | | |
| Signature of Authorized Officer |  | Date | 5-29-20 |
| Printed name of Authorized Officer | Joe Jeteusky | | |
| Title or position of Authorized Officer | President | | |
| Telephone number or Authorized Officer. | (402) 426 6245 ext. _____ | | |
| Study Area Code of Reporting Carrier | 371524 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
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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 | The Blair Telephone Company | | |
| Signature of Authorized Officer |  | Date | 5-29-20 |
| Printed name of Authorized Officer | Joe Jelenky | | |
| Title or position of Authorized Officer | President | | |
| Telephone number of Authorized Officer. | (402) 426 6245 ext. _____ | | |
| Study Area Code of Reporting Carrier | 371524 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

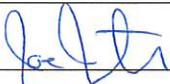
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| | | | |
|---|---|--|------------|
| Name of Reporting Carrier | | The Blair Telephone Company | |
| Signature of Authorized Officer |  | Date | 5-29-20 |
| Printed name of Authorized Officer | Joe Jetersky | | |
| Title or position of Authorized Officer | President | | |
| Telephone number or Authorized Officer. | (402) 4200 6245 ext. _____ | | |
| Study Area Code of Reporting Carrier | 371524 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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| | | | |
|--|---|--|------------|
| Name of Reporting Carrier | | The Blair Telephone Company | |
| Signature of Authorized Officer |  | Date | 5-29-20 |
| Printed name of Authorized Officer | Joe Jekensky | | |
| Title or position of Authorized Officer | President | | |
| Telephone number of Authorized Officer. | (402) 426 6254 ext. _____ | | |
| Study Area Code of Reporting Carrier | 371524 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Cameron Telephone Company-LA**

Signature of Authorized Officer

B. Petry

Date *5/27/2020*

Printed name of Authorized Officer Bruce Petry

Title or position of Authorized Officer President

Telephone number of Authorized Officer. 337-583-2111

Study Area Code of Reporting Carrier

270425

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

06/16/2020

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Name of Reporting Carrier **Cameron Telephone Company-LA**

Signature of Authorized Officer

BPT

Date *5/27/2020*

Printed name of Authorized Officer

Bruce Petry

Title or position of Authorized Officer

President

Telephone number or Authorized
Officer.

337-583-2111

Study Area Code of Reporting Carrier

270425

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

06/16/2020

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| | | | |
|---|-------------------------------------|--|------------------|
| Name of Reporting Carrier | Cameron Telephone Company-LA | | |
| Signature of Authorized Officer | <i>B PT</i> | Date | <i>5/29/2020</i> |
| Printed name of Authorized Officer | Bruce Petry | | |
| Title or position of Authorized Officer | President | | |
| Telephone number or Authorized Officer. | 337-583-2111 | | |
| Study Area Code of Reporting Carrier | 270425 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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Name of Reporting Carrier **Cameron Telephone Company-LA**

Signature of Authorized Officer

B PT

Date

5/27/2020

Printed name of Authorized Officer

Bruce Petry

Title or position of Authorized Officer

President

Telephone number or Authorized
Officer.

337-583-2111

Study Area Code of Reporting Carrier

270425

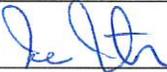
Filing Due Date for this form
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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 | Eastern Nebraska Telephone Company | | |
| Signature of Authorized Officer |  | Date | 5-29-20 |
| Printed name of Authorized Officer | Joe Jeteusky | | |
| Title or position of Authorized Officer | President | | |
| Telephone number of Authorized Officer. | (402) 426 6245 ext. _____ | | |
| Study Area Code of Reporting Carrier | 371542 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 | | Eastern Nebraska Telephone Company | |
| Signature of Authorized Officer | | Date | |
|  | | 5-20-20 | |
| Printed name of Authorized Officer | | Joe Jetensky | |
| Title or position of Authorized Officer | | President | |
| Telephone number of Authorized Officer. | | (402) 426 6245 ext. _____ | |
| Study Area Code of Reporting Carrier | 371542 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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 | Eastern Nebraska Telephone Company | | | |
| Signature of Authorized Officer | <i>[Handwritten Signature]</i> | | Date | <i>5-29-20</i> |
| Printed name of Authorized Officer | <i>Joe Jeteusky</i> | | | |
| Title or position of Authorized Officer | <i>President</i> | | | |
| Telephone number or Authorized Officer. | <i>(402) 426 6245</i> ext. _____ | | | |
| Study Area Code of Reporting Carrier | 371542 | | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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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 | | Eastern Nebraska Telephone Company | |
| Signature of Authorized Officer | | <i>[Handwritten Signature]</i> | Date <i>5-29-20</i> |
| Printed name of Authorized Officer | | <i>Joe Jelenky</i> | |
| Title or position of Authorized Officer | | <i>President</i> | |
| Telephone number of Authorized Officer. | | <i>(402) 426 6245</i> ext. _____ | |
| Study Area Code of Reporting Carrier | 371542 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
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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 **Elizabeth Telephone Company**

Signature of Authorized Officer

B. Petry

Date

5/27/2020

Printed name of Authorized Officer

Bruce Petry

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

337-583-2111

Study Area Code of Reporting Carrier

270430

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

06/16/2020

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 **Elizabeth Telephone Company**

Signature of Authorized Officer

B Petry

Date

5/27/2020

Printed name of Authorized Officer

Bruce Petry

Title or position of Authorized Officer

President

Telephone number or Authorized
Officer.

337-583-2111

Study Area Code of Reporting Carrier

270430

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

06/16/2020

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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 **Elizabeth Telephone Company**

Signature of Authorized Officer

B Petry

Date

5/27/2020

Printed name of Authorized Officer

Bruce Petry

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

337-583-2111

Study Area Code of Reporting Carrier

270430

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

06/16/2020

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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 **Elizabeth Telephone Company**

Signature of Authorized Officer

B Petry

Date

5/27/2020

Printed name of Authorized Officer

Bruce Petry

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

337-583-2111

Study Area Code of Reporting Carrier

270430

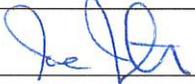
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2020

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 | Holway Telephone Company | | |
| Signature of Authorized Officer |  | Date | 5-29-20 |
| Printed name of Authorized Officer | Joe Jetyensky | | |
| Title or position of Authorized Officer | President | | |
| Telephone number of Authorized Officer. | (402) 426 6245 ext. _____ | | |
| Study Area Code of Reporting Carrier | 421929 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 | | Holway Telephone Company | |
| Signature of Authorized Officer |  | Date | 5-29-20 |
| Printed name of Authorized Officer | Joe Jelenky | | |
| Title or position of Authorized Officer | President | | |
| Telephone number of Authorized Officer. | (402) 426 6245 ext. _____ | | |
| Study Area Code of Reporting Carrier | 421929 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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. | | | |

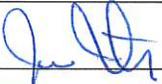
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 | | Holway Telephone Company | |
| Signature of Authorized Officer | <i>Joe Tetensky</i> | Date | <i>5-20-20</i> |
| Printed name of Authorized Officer | <i>Joe Tetensky</i> | | |
| Title or position of Authorized Officer | <i>President</i> | | |
| Telephone number or Authorized Officer. | <i>(402) 420 6245</i> ext. _____ | | |
| Study Area Code of Reporting Carrier | 421929 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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. | | | |

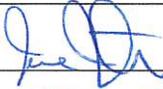
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 | | Holway Telephone Company | |
| Signature of Authorized Officer |  | Date | 5-29-20 |
| Printed name of Authorized Officer | Joe Jeteusky | | |
| Title or position of Authorized Officer | President | | |
| Telephone number of Authorized Officer. | (402) 426 6245 ext. _____ | | |
| Study Area Code of Reporting Carrier | 421929 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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 | KLM Telephone Company | | |
| Signature of Authorized Officer |  | Date | 5-29-20 |
| Printed name of Authorized Officer | Joe Jetyensky | | |
| Title or position of Authorized Officer | President | | |
| Telephone number of Authorized Officer. | (402) 426 6245 ext. _____ | | |
| Study Area Code of Reporting Carrier | 421900 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 | KLM Telephone Company | | |
| Signature of Authorized Officer |  | Date | 5-29-20 |
| Printed name of Authorized Officer | Joe Jeteusky | | |
| Title or position of Authorized Officer | President | | |
| Telephone number of Authorized Officer. | (402) 426 6245 ext. _____ | | |
| Study Area Code of Reporting Carrier | 421900 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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

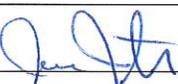
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

| | | | |
|---|---------------|--|------------|
| Name of Reporting Carrier | | KLM Telephone Company | |
| Signature of Authorized Officer | | Date | |
| | | 5-29-20 | |
| Printed name of Authorized Officer | | | |
| Joe Tetensky | | | |
| Title or position of Authorized Officer | | | |
| President | | | |
| Telephone number or Authorized Officer. | | | |
| (402) 426 6245 ext. _____ | | | |
| Study Area Code of Reporting Carrier | 421900 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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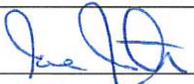
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 | KLM Telephone Company | | |
| Signature of Authorized Officer |  | Date | 5-29-20 |
| Printed name of Authorized Officer | Joe Jeteusky | | |
| Title or position of Authorized Officer | President | | |
| Telephone number of Authorized Officer. | (402) 426 6245 ext. _____ | | |
| Study Area Code of Reporting Carrier | 421900 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
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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 | Rock County Tel. Co. | | |
| Signature of Authorized Officer |  | Date | 5-29-20 |
| Printed name of Authorized Officer | Joe Jeteusky | | |
| Title or position of Authorized Officer | President | | |
| Telephone number of Authorized Officer. | (402) 426 6245 ext. _____ | | |
| Study Area Code of Reporting Carrier | 371586 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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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 | | Rock County Tel. Co. | |
| Signature of Authorized Officer | | Date | |
| | | 5-29-20 | |
| Printed name of Authorized Officer | | Joe Jelenky | |
| Title or position of Authorized Officer | | President | |
| Telephone number of Authorized Officer. | | (402) 426 6245 ext. _____ | |
| Study Area Code of Reporting Carrier | 371586 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

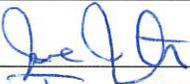
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

| | | | |
|---|---|--|------------|
| Name of Reporting Carrier | | Rock County Tel. Co. | |
| Signature of Authorized Officer |  | Date | 5-29-20 |
| Printed name of Authorized Officer | Joe Jetyensky | | |
| Title or position of Authorized Officer | President | | |
| Telephone number or Authorized Officer. | (402) 4266 6245 ext. _____ | | |
| Study Area Code of Reporting Carrier | 371586 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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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 | | Rock County Tel. Co. | |
| Signature of Authorized Officer |  | Date | 5-29-20 |
| Printed name of Authorized Officer | Joe Jedensky | | |
| Title or position of Authorized Officer | President | | |
| Telephone number of Authorized Officer. | (402) 426 6245 ext. _____ | | |
| Study Area Code of Reporting Carrier | 371586 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
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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 | Arkwest Communications, Inc. | | |
| Signature of Authorized Officer | <i>P. J. Sanders</i> | Date | <i>6/3/20</i> |
| Printed name of Authorized Officer | <i>P. J. SANDERS</i> | | |
| Title or position of Authorized Officer | <i>CEO</i> | | |
| Telephone number or Authorized Officer. | <i>(479) 495 4200</i> ext. _____ | | |
| Study Area Code of Reporting Carrier | 401734 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 | Arkwest Communications, Inc. | | |
| Signature of Authorized Officer | <i>P. J. Sanders</i> | Date | <i>6/3/20</i> |
| Printed name of Authorized Officer | <i>P. J. SANDERS</i> | | |
| Title or position of Authorized Officer | <i>CEO</i> | | |
| Telephone number or Authorized Officer. | <i>(479) 495 4200</i> ext. _____ | | |
| Study Area Code of Reporting Carrier | 401734 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 | Arkwest Communications, Inc. | | |
| Signature of Authorized Officer | <i>P.T. Sambers</i> | Date | <i>6/3/20</i> |
| Printed name of Authorized Officer | <i>P.T. SAMBERS</i> | | |
| Title or position of Authorized Officer | <i>CEO</i> | | |
| Telephone number of Authorized Officer. | <i>479) 495 4200 ext. _____</i> | | |
| Study Area Code of Reporting Carrier | 401734 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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 | Arkwest Communications, Inc. | | |
| Signature of Authorized Officer | <i>P.T. Sambers</i> | Date | <i>6/3/20</i> |
| Printed name of Authorized Officer | <i>P.T. SAMBERS</i> | | |
| Title or position of Authorized Officer | <i>CEO</i> | | |
| Telephone number of Authorized Officer. | <i>479) 495 4200 ext. _____</i> | | |
| Study Area Code of Reporting Carrier | 401734 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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. | | | |

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 Atlantic Telephone Membership Corporation

Signature of authorized officer *Kim Edwards* Date *06/11/2020*

Printed name of authorized officer Kim Edwards

Title or position of authorized officer Vice President, Accounting and Finance

Telephone number of authorized officer: (910) 755-1785 ext.

| | | | |
|--------------------------------------|--------|--|------------|
| Study Area Code of Reporting Carrier | 230468 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
|--------------------------------------|--------|--|------------|

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.

TO BE COMPLETED BY THE REPORTING CARRIER

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 Atlantic Telephone Membership Corporation

Signature of Authorized Officer

Kim Edwards

Date

6/1/2020

Printed name of Authorized Officer

Kim Edwards

Title or position of Authorized Officer

Vice President, Accounting and Finance

Telephone number of Authorized Officer:

(910) 755-1785 ext.

Study Area Code of Reporting Carrier

230468

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

06/16/2020

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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, this 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 Atlantic Telephone Membership Corporation

Signature of authorized officer *Kim Edwards* Date 6/1/2020

Printed name of authorized officer Kim Edwards

Title or position of authorized officer Vice President, Accounting and Finance

Telephone number of authorized officer: (910) 755-1785

| | | | |
|--------------------------------------|--------|--|------------|
| Study Area Code of Reporting Carrier | 230468 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
|--------------------------------------|--------|--|------------|

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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 | Atlantic Telephone Membership Corporation | | |
| Signature of Authorized Officer | <i>Kim Edwards</i> | Date | <i>6/9/2020</i> |
| Printed name of Authorized Officer | Kim Edwards | | |
| Title or position of Authorized Officer | Vice President, Accounting and Finance | | |
| Telephone number of Authorized Officer. | (910) 755-1785 ext. _ _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 230468 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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

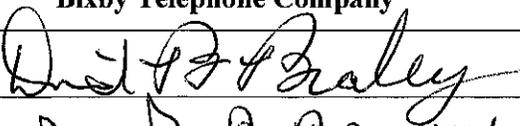
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

| | | | |
|---|--------------------------------|--|------------|
| Name of Reporting Carrier | Bixby Telephone Company | | |
| Signature of Authorized Officer | <i>David B Braley</i> | Date | 6/9/20 |
| Printed name of Authorized Officer | DAVID B BRALEY | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number of Authorized Officer. | (918) 366 8000 ext. 271 | | |
| Study Area Code of Reporting Carrier | 431969 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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**

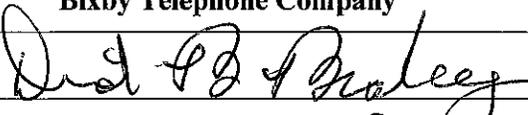
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, 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 | Bixby Telephone Company | | |
| Signature of Authorized Officer |  | Date | 6/9/20 |
| Printed name of Authorized Officer | DAVID B BRALEY | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number or Authorized Officer. | (918) 366 8000 ext. 271 | | |
| Study Area Code of Reporting Carrier | 431969 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 | Bixby Telephone Company | | |
| Signature of Authorized Officer |  | Date | 6/9/20 |
| Printed name of Authorized Officer | DAVID B BRALEY | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number or Authorized Officer. | (918) 366 8000 ext. 271 | | |
| Study Area Code of Reporting Carrier | 431969 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 | Bixby Telephone Company | | |
| Signature of Authorized Officer | <i>David D. Braley</i> | Date | 6/9/20 |
| Printed name of Authorized Officer | DAVID D. BRALEY | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number of Authorized Officer. | (918) 366 8000 ext. 271 | | |
| Study Area Code of Reporting Carrier | 431969 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

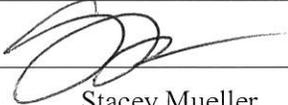
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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer  Date 6/4/2020

Printed name of Authorized Officer Stacey Mueller

Title or position of Authorized Officer Chief Financial Officer

Telephone number or Authorized Officer. (406) 541 - 5424

| | | | | |
|--------------------------------------|---------------|--|---|------------|
| Study Area Code of Reporting Carrier | 482235 | | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
|--------------------------------------|---------------|--|---|------------|

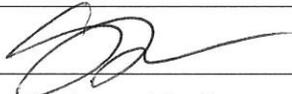
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date
6/4/2020

Printed name of Authorized Officer

Stacey Mueller

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(406) 541 - 5424

Study Area Code of Reporting Carrier

482235

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

06/16/2020

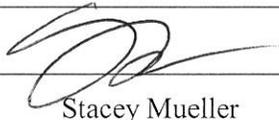
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date 6/4/2020

Printed name of Authorized Officer

Stacey Mueller

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(406) 541 - 5424

Study Area Code of Reporting Carrier

482235

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

06/16/2020

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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 **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/4/2020

Printed name of Authorized Officer

Stacey Mueller

Title or position of Authorized Officer

Chief Financial Officer

Telephone number or Authorized Officer.

(406) 541 - 5424

Study Area Code of Reporting Carrier

482235

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

06/16/2020

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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.

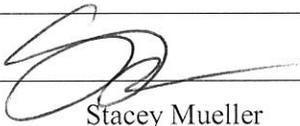
| | | | |
|---|---|--|---|
| Name of Authorized Agent | John Staurulakis, Inc. (JSI) | | |
| Name of Reporting Carrier | Blackfoot Telephone Cooperative, Inc. | | |
| Signature of Authorized Officer |  | | Date 6/4/2020 |
| Printed name of Authorized Officer | Stacey Mueller | | |
| Title or position of Authorized Officer | Chief Financial Officer | | |
| Telephone number or Authorized Officer. | (406) 541 - 5424 | | |
| Study Area Code of Reporting Carrier | 483308 | | Filing Due Date for this form (mm/dd/yyyy) |
| | | | 06/16/2020 |
| <p>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.</p> | | | |

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 **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date
6/4/2020

Printed name of Authorized Officer Stacey Mueller

Title or position of Authorized Officer Chief Financial Officer

Telephone number of Authorized Officer. (406) 541 - 5424

| | | | | | |
|--------------------------------------|---------------|--|---|------------|--|
| Study Area Code of Reporting Carrier | 483308 | | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 | |
|--------------------------------------|---------------|--|---|------------|--|

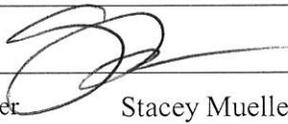
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/4/2020

Printed name of Authorized Officer

Stacey Mueller

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(406) 541 - 5424

Study Area Code of Reporting Carrier

483308

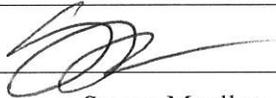
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2020

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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 | | Blackfoot Telephone Cooperative, Inc. | |
| Signature of Authorized Officer | |  | |
| Printed name of Authorized Officer | | Stacey Mueller | |
| Date | | 6/4/2020 | |
| Title or position of Authorized Officer | | Chief Financial Officer | |
| Telephone number of Authorized Officer. | | (406) 541 - 5424 | |
| Study Area Code of Reporting Carrier | 483308 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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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 | Bluffton Telephone Company | | |
| Signature of Authorized Officer |  | Date 06/09/2020 | |
| Printed name of Authorized Officer | Andrew Rein | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number of Authorized Officer. | (843) 686-1246 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 240512 | | Filing Due Date for this form (mm/dd/yyyy) |
| | | | 06/16/2020 |
| 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 | | Bluffton Telephone Company | |
| Signature of Authorized Officer | |  | |
| | | Date 06/09/2020 | |
| Printed name of Authorized Officer | | Andrew Rein | |
| Title or position of Authorized Officer | | CFO | |
| Telephone number or Authorized Officer. | | (843) 686-1246 ext. _ _ _ _ | |
| Study Area Code of Reporting Carrier | 240512 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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 | Bluffton Telephone Company | | | |
| Signature of Authorized Officer |  | | Date | 06/09/2020 |
| Printed name of Authorized Officer | Andrew Rein | | | |
| Title or position of Authorized Officer | CFO | | | |
| Telephone number of Authorized Officer. | (843) 686-1246 ext. _ _ _ _ | | | |
| Study Area Code of Reporting Carrier | 240512 | | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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 **Bluffton Telephone Company**

Signature of Authorized Officer



Date 06/09/2020

Printed name of Authorized Officer Andrew Rein

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer. (843) 686-1246 ext. _ _ _ _

Study Area Code of Reporting Carrier

240512

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

06/16/2020

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.

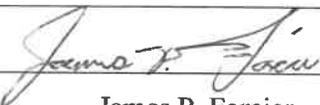
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Chazy & Westport Telephone Corporation**

Signature of Authorized Officer



Date

5/19/20

Printed name of Authorized Officer

James P. Forcier

Title or position of Authorized Officer CEO

Telephone number or Authorized Officer. (518) 962-8211

Study Area Code of Reporting Carrier

150079

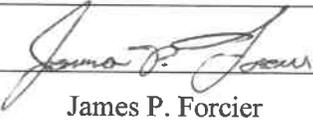
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2020

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

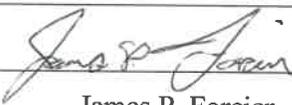
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

| | | | |
|---|---|--|-------------------|
| Name of Reporting Carrier | Chazy & Westport Telephone Corporation | | |
| Signature of Authorized Officer |  | Date | 5/19/20 |
| Printed name of Authorized Officer | James P. Forcier | | |
| Title or position of Authorized Officer | CEO | | |
| Telephone number of Authorized Officer. | (518) 962-8211 | | |
| Study Area Code of Reporting Carrier | 150079 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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

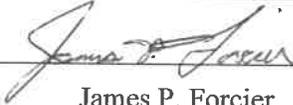
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

| | | | |
|---|---|--|-------------------|
| Name of Reporting Carrier | Chazy & Westport Telephone Corporation | | |
| Signature of Authorized Officer |  | Date | 5/19/20 |
| Printed name of Authorized Officer | James P. Forcier | | |
| Title or position of Authorized Officer | CEO | | |
| Telephone number or Authorized Officer. | (518) 962-8211 | | |
| Study Area Code of Reporting Carrier | 150079 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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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 | Chazy & Westport Telephone Corporation | | |
| Signature of Authorized Officer |  | Date | 5/19/20 |
| Printed name of Authorized Officer | James P. Forcier | | |
| Title or position of Authorized Officer | CEO | | |
| Telephone number of Authorized Officer. | (518) 962-8211 | | |
| Study Area Code of Reporting Carrier | 150079 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 | Chesnee Telephone Company, Inc. d/b/a Chesnee Communications | | |
| Signature of Authorized Officer | <i>Cindy Rothstein</i> | Date | 6/2/2020 |
| Printed name of Authorized Officer | Cindy Rothstein | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number of Authorized Officer. | (336) 876 6304 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 240515 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 | | Chesnee Telephone Company, Inc. d/b/a Chesnee Communications | |
| Signature of Authorized Officer | | <i>Cindy Rothstein</i> | Date 6/2/2020 |
| Printed name of Authorized Officer | | Cindy Rothstein | |
| Title or position of Authorized Officer | | CFO | |
| Telephone number or Authorized Officer. | | (336) 876 6304 ext. _ _ _ _ | |
| Study Area Code of Reporting Carrier | 240515 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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 | Chesnee Telephone Company, Inc. d/b/a Chesnee Communications | | |
| Signature of Authorized Officer | <i>Cindy Rothstein</i> | Date | <i>6/2/2020</i> |
| Printed name of Authorized Officer | Cindy Rothstein | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number or Authorized Officer. | (336) 876 6304 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 240515 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 | | Chesnee Telephone Company, Inc. d/b/a Chesnee Communications | | |
| Signature of Authorized Officer | | <i>Cindy Rothstein</i> | Date | <i>6/2/2020</i> |
| Printed name of Authorized Officer | | Cindy Rothstein | | |
| Title or position of Authorized Officer | | CFO | | |
| Telephone number or Authorized Officer. | | (336) 876 6304 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 240515 | | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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 | Citizens Telephone Company d/b/a Comporium Communications | | |
| Signature of Authorized Officer |  | Date 6/4/2020 | |
| Printed name of Authorized Officer | Charles G. Lunsford | | |
| Title or position of Authorized Officer | Vice President-Regulatory Affairs | | |
| Telephone number or Authorized Officer. | (803) 326 7170 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 230473 | | Filing Due Date for this form (mm/dd/yyyy) |
| | | | 06/16/2020 |

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 **Citizens Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date 6/4/2020

Printed name of Authorized Officer

Charles G. Lunsford

Title or position of Authorized Officer

Vice President-Regulatory Affairs

Telephone number of Authorized Officer.

(803) 326 7170 ext. _ _ _ _ _

Study Area Code of Reporting Carrier

230473

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

06/16/2020

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 | | Citizens Telephone Company d/b/a Comporium Communications | |
| Signature of Authorized Officer | |  | Date 6/4/2020 |
| Printed name of Authorized Officer | | Charles G. Lunsford | |
| Title or position of Authorized Officer | | Vice President-Regulatory Affairs | |
| Telephone number or Authorized Officer. | | (803) 326 7170 ext. _ _ _ _ | |
| Study Area Code of Reporting Carrier | 230473 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

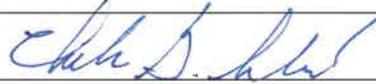
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Citizens Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date 6/4/2020

Printed name of Authorized Officer

Charles G. Lunsford

Title or position of Authorized Officer

Vice President-Regulatory Affairs

Telephone number of Authorized Officer.

(803) 326 7170 ext. _ _ _ _ _

Study Area Code of Reporting Carrier

230473

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

06/16/2020

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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 **Comporium, Inc.**

Signature of Authorized Officer  Date 6/4/2020

Printed name of Authorized Officer Charles G. Lunsford

Title or position of Authorized Officer Vice President-Regulatory Affairs

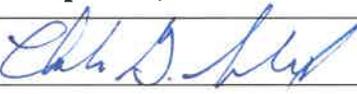
Telephone number or Authorized Officer. (803) 326 7170 ext. _ _ _ _ _

| | | | |
|--------------------------------------|---------------|---|------------|
| Study Area Code of Reporting Carrier | 240542 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
|--------------------------------------|---------------|---|------------|

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

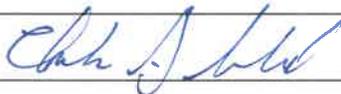
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

| | | | |
|---|---|--|------------|
| Name of Reporting Carrier | Comporium, Inc. | | |
| Signature of Authorized Officer |  | Date | 6/4/2020 |
| Printed name of Authorized Officer | Charles G. Lunsford | | |
| Title or position of Authorized Officer | Vice President-Regulatory Affairs | | |
| Telephone number of Authorized Officer. | (803) 326 7170 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 240542 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 | Comporium, Inc. | | |
| Signature of Authorized Officer |  | Date | 6/4/2020 |
| Printed name of Authorized Officer | Charles G. Lunsford | | |
| Title or position of Authorized Officer | Vice President-Regulatory Affairs | | |
| Telephone number of Authorized Officer. | (803) 326 7170 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 240542 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 **Comporium, Inc.**

Signature of Authorized Officer *Charles G. Lunsford* Date 6/4/2020

Printed name of Authorized Officer **Charles G. Lunsford**

Title or position of Authorized Officer **Vice President-Regulatory Affairs**

Telephone number of Authorized Officer. **(803) 326 7170 ext. _ _ _ _ _**

| | | | |
|--------------------------------------|---------------|---|-------------------|
| Study Area Code of Reporting Carrier | 240542 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
|--------------------------------------|---------------|---|-------------------|

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 | ComSouth Telecommunications, Inc. | | | | |
| Signature of Authorized Officer |  | | Date 06/09/2020 | | |
| Printed name of Authorized Officer | Andrew Rein | | | | |
| Title or position of Authorized Officer | CFO | | | | |
| Telephone number of Authorized Officer. | (843) 686-1246 ext. _ _ _ _ | | | | |
| Study Area Code of Reporting Carrier | 220369 | | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 | |

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 | ComSouth Telecommunications, Inc. | | |
| Signature of Authorized Officer |  | Date | 06/09/2020 |
| Printed name of Authorized Officer | Andrew Rein | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number or Authorized Officer. | (843) 686-1246 ext. _ _ _ _ | | |
| Study Area Code of Reporting Carrier | 220369 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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 **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer



Date 06/09/2020

Printed name of Authorized Officer **Andrew Rein**

Title or position of Authorized Officer **CFO**

Telephone number of Authorized Officer.

(843) 686-1246 ext. _ _ _ _

Study Area Code of Reporting Carrier

220369

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

06/16/2020

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 **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer



Date 06/09/2020

Printed name of Authorized Officer **Andrew Rein**

Title or position of Authorized Officer **CFO**

Telephone number of Authorized Officer. **(843) 686-1246** ext. _ _ _ _

| | | | | | |
|--------------------------------------|---------------|--|---|-------------------|--|
| Study Area Code of Reporting Carrier | 220369 | | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 | |
|--------------------------------------|---------------|--|---|-------------------|--|

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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 | Cross Tel. Co. | | | | |
| Signature of Authorized Officer |  | | | Date 06/09/2020 | |
| Printed name of Authorized Officer | Robert David Wright | | | | |
| Title or position of Authorized Officer | CTO / GM | | | | |
| Telephone number of Authorized Officer. | (918) 463 2921 ext. 1222 | | | | |
| Study Area Code of Reporting Carrier | 431985 | | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 | |
| 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 | Cross Tel. Co. | | |
| Signature of Authorized Officer |  | Date | 06/09/2020 |
| Printed name of Authorized Officer | Robert David Wright | | |
| Title or position of Authorized Officer | CTO / GM | | |
| Telephone number of Authorized Officer. | (918) 463 2921 ext. 1222 | | |
| Study Area Code of Reporting Carrier | 431985 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 | | Cross Tel. Co. | |
| Signature of Authorized Officer | |  | Date 06/09/2020 |
| Printed name of Authorized Officer | | Robert David Wright | |
| Title or position of Authorized Officer | | CTO / GM | |
| Telephone number of Authorized Officer. | | (918) 463 2921 ext. 1222 | |
| Study Area Code of Reporting Carrier | 431985 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
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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 | Cross Tel. Co. | | |
| Signature of Authorized Officer |  | Date | 06/09/2020 |
| Printed name of Authorized Officer | Robert David Wright | | |
| Title or position of Authorized Officer | CTO / GM | | |
| Telephone number of Authorized Officer. | (918) 463 2921 ext. 1222 | | |
| Study Area Code of Reporting Carrier | 431985 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
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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 | Eastex Telephone Cooperative, Inc. | | |
| Signature of Authorized Officer | <i>Steve Alexander</i> | Date | 6/4/20 |
| Printed name of Authorized Officer | Steve Alexander | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number of Authorized Officer. | (903) 854 1000 ext. _____ | | |
| Study Area Code of Reporting Carrier | 442068 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 **Eastex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Steve Alexander

Date

6/4/20

Printed name of Authorized Officer

Steve Alexander

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(903) 854 1000 ext. _____

Study Area Code of Reporting Carrier

442068

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

06/16/2020

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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 **Eastex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Steve Alexander

Date

6/4/20

Printed name of Authorized Officer

Steve Alexander

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

(903) 854 1000 ext. _____

Study Area Code of Reporting Carrier

442068

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

06/16/2020

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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 **Eastex Telephone Cooperative, Inc.**

Signature of Authorized Officer *Steve Alexander* Date **6/4/20**

Printed name of Authorized Officer **Steve Alexander**

Title or position of Authorized Officer **CFO**

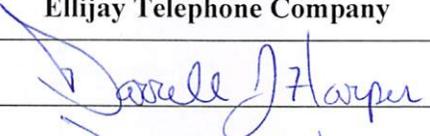
Telephone number or Authorized Officer. **(903) 854 1000** ext. _____

| | | | |
|--------------------------------------|---------------|--|-------------------|
| Study Area Code of Reporting Carrier | 442068 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
|--------------------------------------|---------------|--|-------------------|

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 | Ellijay Telephone Company | | |
| Signature of Authorized Officer |  | Date | 5-26-20 |
| Printed name of Authorized Officer | DARRELL J HARPER | | |
| Title or position of Authorized Officer | VP | | |
| Telephone number of Authorized Officer. | (706) 697 5519 ext. _____ | | |
| Study Area Code of Reporting Carrier | 220360 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 **Ellijay Telephone Company**

Signature of Authorized Officer

Darrell J Harper

Date

5-26-20

Printed name of Authorized Officer

DARRELL J HARPER

Title or position of Authorized Officer

VP

Telephone number of Authorized Officer.

(706) 697 5519 ext. _____

Study Area Code of Reporting Carrier

220360

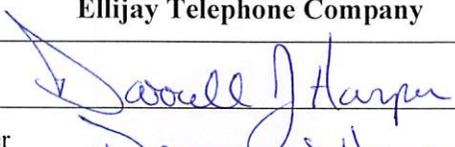
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2020

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.

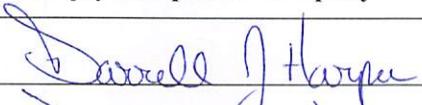
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 | | Ellijay Telephone Company | |
| Signature of Authorized Officer |  | Date | 5-26-20 |
| Printed name of Authorized Officer | DARRELL J HARPER | | |
| Title or position of Authorized Officer | VP | | |
| Telephone number of Authorized Officer. | (706) 697 5519 ext. _____ | | |
| Study Area Code of Reporting Carrier | 220360 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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. | | | |

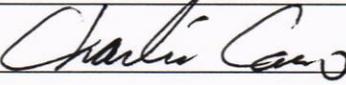
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 | | Ellijay Telephone Company | |
| Signature of Authorized Officer |  | Date | 5-26-20 |
| Printed name of Authorized Officer | DARRELL J. HARPER | | |
| Title or position of Authorized Officer | VP | | |
| Telephone number of Authorized Officer. | (706) 697 5519 ext. _____ | | |
| Study Area Code of Reporting Carrier | 220360 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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 | Etex Telephone Cooperative, Inc. | | |
| Signature of Authorized Officer |  | Date | 4/8/2020 |
| Printed name of Authorized Officer | Charlie Cano | | |
| Title or position of Authorized Officer | General Manager/CEO | | |
| Telephone number of Authorized Officer. | (903) 797-2711 | | |
| Study Area Code of Reporting Carrier | 442070 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 **Etex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Charlie Cano

Date

6/8/2020

Printed name of Authorized Officer

Charlie Cano

Title or position of Authorized Officer

General Manager/CEO

Telephone number of Authorized Officer.

(903) 797-2711

Study Area Code of Reporting Carrier

442070

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

06/16/2020

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 | Etex Telephone Cooperative, Inc. | | |
| Signature of Authorized Officer | <i>Charlie Cano</i> | Date | <i>6/8/2020</i> |
| Printed name of Authorized Officer | Charlie Cano | | |
| Title or position of Authorized Officer | General Manager/CEO | | |
| Telephone number or Authorized Officer. | (903) 797-2711 | | |
| Study Area Code of Reporting Carrier | 442070 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 **Etex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Charlie Camp

Date

6/8/2020

Printed name of Authorized Officer

Charlie Camp

Title or position of Authorized Officer

General Manager/CEO

Telephone number of Authorized Officer.

(903) 797-2711

Study Area Code of Reporting Carrier

442070

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

06/16/2020

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.

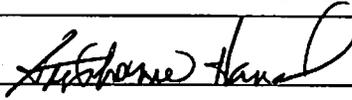
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Bruce Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/5/20

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764 3463 ext. 8080

Study Area Code of Reporting Carrier

280447

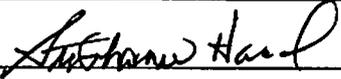
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2020

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 | Bruce Telephone Company, Inc. | | |
| Signature of Authorized Officer |  | Date | 6/5/20 |
| Printed name of Authorized Officer | Stephanie Hand | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number or Authorized Officer. | (601) 764 3463 ext. 8080 | | |
| Study Area Code of Reporting Carrier | 280447 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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

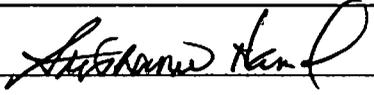
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

| | | | |
|---|---------------|---|---|
| Name of Reporting Carrier | | Bruce Telephone Company, Inc. | |
| Signature of Authorized Officer | | <i>Stephanie Hand</i> | Date 6/5/20 |
| Printed name of Authorized Officer | | Stephanie Hand | |
| Title or position of Authorized Officer | | CFO | |
| Telephone number of Authorized Officer. | | (601) 764 3463 ext. 8080 | |
| Study Area Code of Reporting Carrier | 280447 |  | Filing Due Date for this form (mm/dd/yyyy) 06/16/2020 |

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.

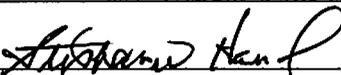
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 | | Bruce Telephone Company, Inc. | |
| Signature of Authorized Officer |  | Date | 6/5/20 |
| Printed name of Authorized Officer | | Stephanie Hand | |
| Title or position of Authorized Officer | | CFO | |
| Telephone number of Authorized Officer. | | (601) 764 3463 ext. 8080 | |
| Study Area Code of Reporting Carrier | 280447 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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**

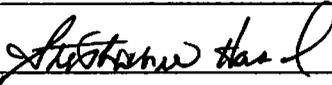
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, 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 | Chickamauga Telephone Corporation | | |
| Signature of Authorized Officer |  | Date | 6/5/20 |
| Printed name of Authorized Officer | Stephanie Hand | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number of Authorized Officer. | (601) 764 3463 ext. 8080 | | |
| Study Area Code of Reporting Carrier | 220354 |  | Filing Due Date for this form (mm/dd/yyyy) |
| | | | 06/16/2020 |

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.

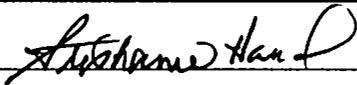
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 | | Chickamauga Telephone Corporation | | | |
| Signature of Authorized Officer |  | Date | 6/5/20 | | |
| Printed name of Authorized Officer | Stephanie Hand | | | | |
| Title or position of Authorized Officer | CFO | | | | |
| Telephone number of Authorized Officer. | (601) 764 3463 ext. 8080 | | | | |
| Study Area Code of Reporting Carrier | 220354 |  | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |  |
| 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

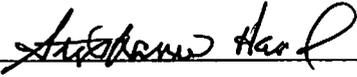
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

| | | | |
|---|---|--|------------|
| Name of Reporting Carrier | | Chickamauga Telephone Corporation | |
| Signature of Authorized Officer |  | Date | 6/5/20 |
| Printed name of Authorized Officer | | Stephanie Hand | |
| Title or position of Authorized Officer | | CFO | |
| Telephone number or Authorized Officer. | | (601) 764 3463 ext. 8080 | |
| Study Area Code of Reporting Carrier | 220354 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

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 | | Chickamauga Telephone Corporation | | | |
| Signature of Authorized Officer |  | Date | 6/9/20 | | |
| Printed name of Authorized Officer | Stephanie Hand | | | | |
| Title or position of Authorized Officer | CFO | | | | |
| Telephone number or Authorized Officer. | (601) 764 3463 ext. 8080 | | | | |
| Study Area Code of Reporting Carrier | 220354 |  | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |  |
| 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. | | | | | |

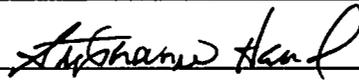
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Fulton Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/5/20

Printed name of Authorized Officer Stephanie Hand

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer. (601) 764 3463 ext. 8080

Study Area Code of Reporting Carrier

280455



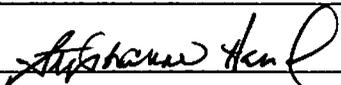
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2020

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.

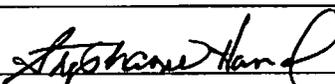
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 | Fulton Telephone Company, Inc. | | | | |
| Signature of Authorized Officer |  | Date | 6/9/20 | | |
| Printed name of Authorized Officer | Stephanie Hand | | | | |
| Title or position of Authorized Officer | CFO | | | | |
| Telephone number of Authorized Officer. | (601) 764 3463 ext. 8080 | | | | |
| Study Area Code of Reporting Carrier | 280455 |  | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |  |
| 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 | Fulton Telephone Company, Inc. | | |
| Signature of Authorized Officer |  | Date | 6/5/20 |
| Printed name of Authorized Officer | Stephanie Hand | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number of Authorized Officer. | (601) 764 3463 ext. 8080 | | |
| Study Area Code of Reporting Carrier | 280455 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |

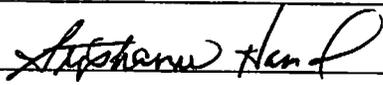
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Fulton Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/5/20

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764 3463 ext. 8080

Study Area Code of Reporting Carrier

280455

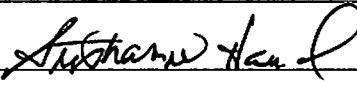
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2020

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

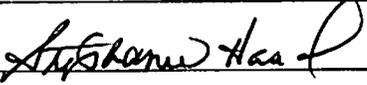
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, 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 | Mound Bayou Telephone & Communications, Inc. | | |
| Signature of Authorized Officer |  | Date | 6/9/20 |
| Printed name of Authorized Officer | Stephanie Hand | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number of Authorized Officer. | (601) 764 3463 ext. 8080 | | |
| Study Area Code of Reporting Carrier | 280462 |  | Filing Due Date for this form (mm/dd/yyyy) |
| | | | 06/16/2020 |

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.

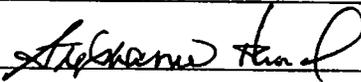
| | | | |
|---|---|--|-------------------|
| Name of Reporting Carrier | Mound Bayou Telephone & Communications, Inc. | | |
| Signature of Authorized Officer |  | Date | 6/5/20 |
| Printed name of Authorized Officer | Stephanie Hand | | |
| Title or position of Authorized Officer | CFO | | |
| Telephone number of Authorized Officer. | (601) 764 3463 ext. 8080 | | |
| Study Area Code of Reporting Carrier | 280462 | Filing Due Date for this form (mm/dd/yyyy) | 06/16/2020 |
| 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 **Mound Bayou Telephone & Communications, Inc.**

Signature of Authorized Officer



Date

6/5/20

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

(601) 764 3463 ext. 8080

Study Area Code of Reporting Carrier

280462

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

06/16/2020

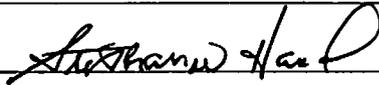
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Mound Bayou Telephone & Communications, Inc.**

Signature of Authorized Officer



Date

6/9/20

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764 3463 ext. 8080

Study Area Code of Reporting Carrier

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