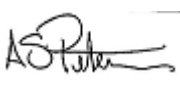


**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 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	
--------------------------------------	---	--	---	-----------	--

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 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	
--------------------------------------	---	--	---	------------------	--

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 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	
--------------------------------------	---	--	---	-----------	--

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

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



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

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.

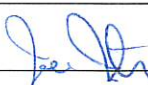
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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		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
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.			

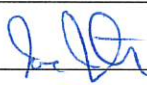
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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		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
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.			

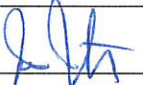
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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		Arlington 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	371517	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.			

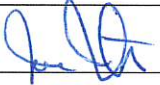
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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	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 of Authorized Officer.	(402) 4266 6245 ext. _____		
Study Area Code of Reporting Carrier	371524	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>			

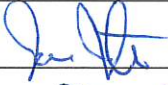
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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	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
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		The Blair 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) 4266 6245 ext. _____	
Study Area Code of Reporting Carrier	371524	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		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 or 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
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 **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

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	Cameron Telephone Company-LA		
Signature of Authorized Officer	<i>B. Petry</i>	Date	<i>5/27/2020</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
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		Cameron Telephone Company-LA	
Signature of Authorized Officer			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
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.			

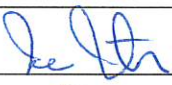
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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	Cameron Telephone Company-LA		
Signature of Authorized Officer	<i>B PT</i>	Date	<i>5/27/2020</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
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	Eastern Nebraska 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	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.			

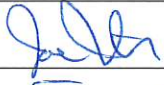
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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	5-29-20
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	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.			

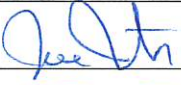
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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			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	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 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		Date	5-29-20
Printed name of Authorized Officer		Joe Telensky	
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
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

LT

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

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 **Elizabeth Telephone Company**

Signature of Authorized Officer

B. Petry

Date

5/17/2020

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 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		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
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 <u>5-29-20</u>
Printed name of Authorized Officer	<u>Joe Jetyensky</u>		
Title or position of Authorized Officer	<u>President</u>		
Telephone number of Authorized Officer.	<u>(402) 426 6245</u> 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

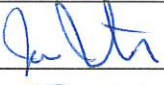
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Holway Telephone Company		
Signature of Authorized Officer		Date	5-29-20
Printed name of Authorized Officer	Joe 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 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		Date	5-29-20
Printed name of Authorized Officer	Joe Jotensky		
Title or position of Authorized Officer	President		
Telephone number or 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 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

[Handwritten Signature]

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 <u>5-29-20</u>
Printed name of Authorized Officer	<u>Joe Jetyensky</u>		
Title or position of Authorized Officer	<u>President</u>		
Telephone number or Authorized Officer.	<u>(402) 426 6245</u> 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.			

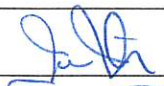
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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

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		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 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
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	Rock County Tel. Co.		
Signature of Authorized Officer		Date	5-29-20
Printed name of Authorized Officer	Joe Jeleny		
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
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		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
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

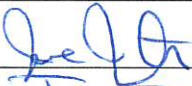
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier	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

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	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

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			
<p>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.</p>			
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	6/3/20
Printed name of Authorized Officer	P. J. Sanders		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	479) 495 4220 ext. _____		
Study Area Code of Reporting Carrier	401734	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			
<p>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.</p>			
Name of Reporting Carrier	Arkwest Communications, Inc.		
Signature of Authorized Officer	<i>P. J. Sanders</i>	Date	6/3/20
Printed name of Authorized Officer	P. J. Sanders		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	479) 495 4220 ext. _____		
Study Area Code of Reporting Carrier	401734	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 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</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 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</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.			

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 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: (919) 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
--------------------------------------	--------	--	------------

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 **Atlantic Telephone Membership Corporation**

Signature of Authorized Officer *Kim Edwards* Date *6/9/2020*

Printed name of Authorized Officer Kim Edwards

Title or position of Authorized Officer Vice President, Accounting and Finance

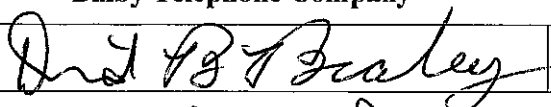
Telephone number or Authorized Officer. (910) 755-1785 ext. _ _ _ _

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.

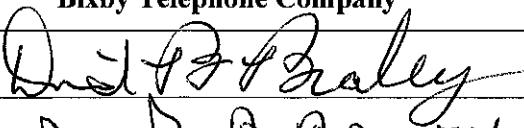
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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			Date 6/9/20
Printed name of Authorized Officer		DAVID B BRALEY	
Title or position of Authorized Officer		CEO	
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 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
<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		Bixby Telephone Company	
Signature of Authorized Officer		Date 6/9/20	
Printed name of Authorized Officer		DAVID D 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		Date 6/9/20	
Printed name of Authorized Officer		DAVID D. 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
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 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

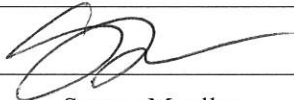
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer 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

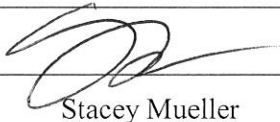
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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


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 **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
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 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

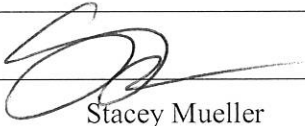
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

483308

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

483308

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

06/16/2020

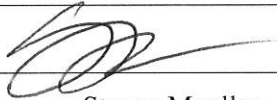
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **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

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 **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

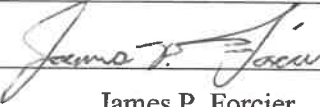
Filing Due Date for this form
(mm/dd/yyyy)

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.

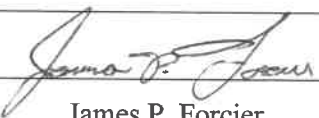
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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
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	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

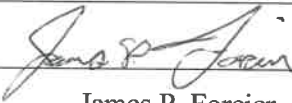
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 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

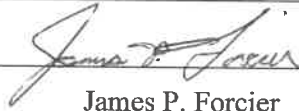
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier 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				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

Cindy Rothstein

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 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

Cindy Rothstein

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 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.

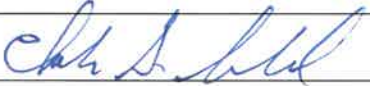
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 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 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 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
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 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 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

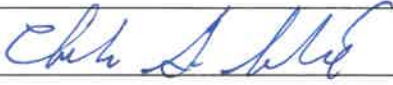
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

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 **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 or 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
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 or Authorized Officer.	(903) 854 1002 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

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 **Eastex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Steve Alexander

Date

6/14/20

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 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 of Authorized Officer.

(903) 854 1000 ext. *----*

Study Area Code of Reporting Carrier

442068

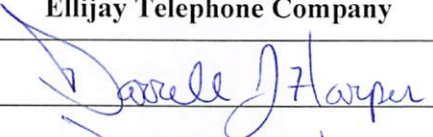
Filing Due Date for this form
(mm/dd/yyyy)

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
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

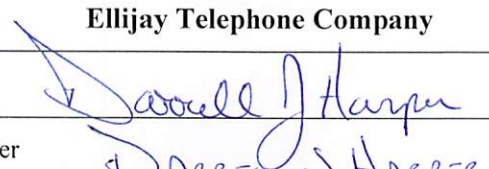
Filing Due Date for this form
(mm/dd/yyyy)

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		DARREN A 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

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 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 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.

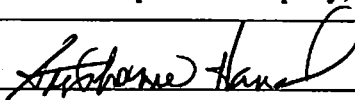
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

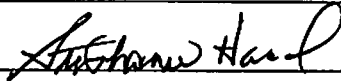
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

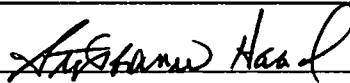
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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



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

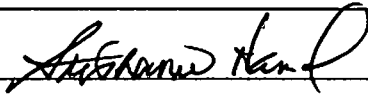
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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.

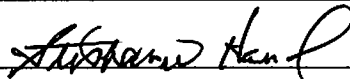
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

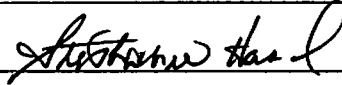
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

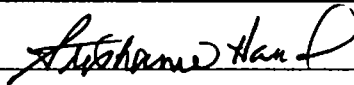
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 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 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

Stephanie Hand

Date

6/6/20

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.

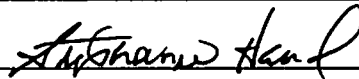
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

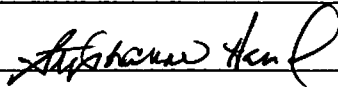
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

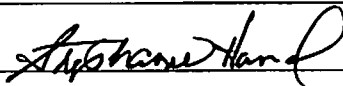
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

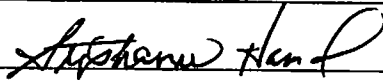
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **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

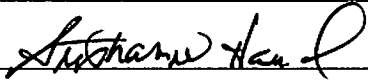

Filing Due Date for this form
(mm/dd/yyyy)

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.

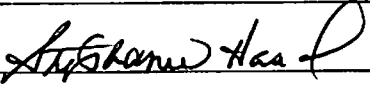


**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

Stephanie Hand

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

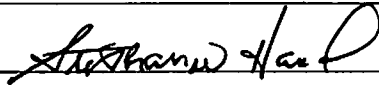
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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.