


**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	Farmers Telephone Cooperative, Inc.		
Signature of Authorized Officer			Date <u>6/3/2020</u>
Printed name of Authorized Officer	Mayme T. Carsten		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer. ( <u>843</u> ) <u>382</u> <u>1380</u> ext. <u>    </u>			
Study Area Code of Reporting Carrier	<b>240520</b>		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	<b>Farmers Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer	<i>Mayme T. Carsten</i>	Date	<i>6/3/2020</i>
Printed name of Authorized Officer	Mayme T. Carsten		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	( <u>843</u> ) <u>382</u> <u>1380</u> ext. <u>    </u>		
Study Area Code of Reporting Carrier	<b>240520</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
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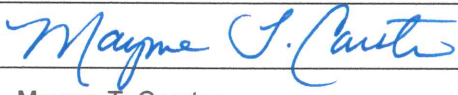
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier	<b>Farmers Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer		Date	<b>6/3/2020</b>
Printed name of Authorized Officer	<b>Mayme T. Carsten</b>		
Title or position of Authorized Officer	<b>Chief Financial Officer</b>		
Telephone number or Authorized Officer.	<b>( _843_ ) _382_ _1380_ ext. _ _ _ _</b>		
Study Area Code of Reporting Carrier	<b>240520</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Farmers Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer		Date	<b>6/3/2020</b>
Printed name of Authorized Officer	<b>Mayme T. Carsten</b>		
Title or position of Authorized Officer	<b>Chief Financial Officer</b>		
Telephone number of Authorized Officer.	( <u>843</u> ) <u>382</u> <u>1380</u> ext. <u>    </u>		
Study Area Code of Reporting Carrier	<b>240520</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>
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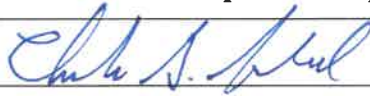
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**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

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

Name of Reporting Carrier                      **Fort Mill 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

**240521**

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

06/16/2020

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Name of Reporting Carrier	<b>Fort Mill Telephone Company d/b/a Comporium Communications</b>
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Signature of Authorized Officer		Date 6/4/2020
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Printed name of Authorized Officer	<b>Charles G. Lunsford</b>
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Title or position of Authorized Officer	<b>Vice President-Regulatory Affairs</b>
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Telephone number or Authorized Officer.	<b>( 803 ) 326 7170 ext. _ _ _ _</b>
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Study Area Code of Reporting Carrier	<b>240521</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>	
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Name of Reporting Carrier	<b>Fort Mill Telephone Company d/b/a Comporium Communications</b>				
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	<b>240521</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	

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

Name of Reporting Carrier                      **Fremont Telecom Co.**

Signature of Authorized Officer



Date  
6/4/2020

Printed name of Authorized Officer                      Stacey Mueller

Title or position of Authorized Officer                      Chief Financial Officer

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

Study Area Code of Reporting Carrier

**472222**

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

06/16/2020

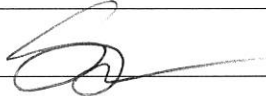
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Name of Reporting Carrier **Fremont Telcom Co.**

Signature of Authorized Officer



Date

6/4/2020

Printed name of Authorized Officer Stacey Mueller

Title or position of Authorized Officer Chief Financial Officer

Telephone number or Authorized Officer.

( 406 ) 541 - 5424

Study Area Code of Reporting Carrier

**472222**

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

06/16/2020

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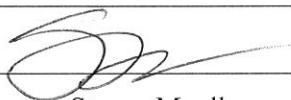


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Name of Reporting Carrier                      **Fremont Telcom Co.**

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

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Name of Reporting Carrier                      **Fremont Telcom Co.**

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

**472222**

Filing Due Date for this form  
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**06/16/2020**

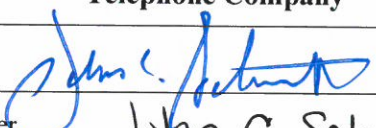
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**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier      **Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company**

Signature of Authorized Officer



Date

**6/4/2020**

Printed name of Authorized Officer

**John C. Schmoldt**

Title or position of Authorized Officer

**Vice President**

Telephone number or Authorized Officer.

**(606) 479 6242** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**260408**

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

**06/16/2020**

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Name of Reporting Carrier	<b>Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company</b>
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Signature of Authorized Officer		Date	<b>6/4/2020</b>
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Printed name of Authorized Officer	<b>John C. Schmoldt</b>
------------------------------------	-------------------------

Title or position of Authorized Officer	<b>Vice President</b>
---	-----------------------

Telephone number or Authorized Officer.	<b>(606) 479 6242 ext. _____</b>
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Study Area Code of Reporting Carrier	<b>260408</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>	
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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



Name of Reporting Carrier	<b>Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company</b>
---------------------------	--

Signature of Authorized Officer		Date	<b>6/4/2020</b>
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Printed name of Authorized Officer	<b>John C. Schmoldt</b>
------------------------------------	-------------------------

Title or position of Authorized Officer	<b>Vice President</b>
---	-----------------------

Telephone number or Authorized Officer.	<b>(606) 479 6242</b> ext. _____
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Study Area Code of Reporting Carrier	<b>260408</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>	
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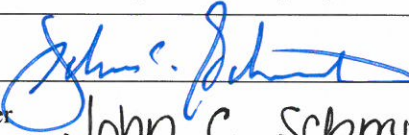
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company**

Signature of Authorized Officer



Date

6/4/2020

Printed name of Authorized Officer

John C. Schmoldt

Title or position of Authorized Officer

Vice President

Telephone number or Authorized Officer.

(606) 479 6242 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

260408

Filing Due Date for this form  
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06/16/2020

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

Name of Reporting Carrier                      **Goodman Telephone Company**

Signature of Authorized Officer

Date 6-1-2020

Printed name of Authorized Officer

W-JAY MITCHELL

Title or position of Authorized Officer

VICE-PRES

Telephone number of Authorized Officer.

(417) 364 744 ext.     

Study Area Code of Reporting Carrier

**421886**

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

06/16/2020

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Name of Reporting Carrier **Goodman Telephone Company**

Signature of Authorized Officer

Date **6-1-2020**

Printed name of Authorized Officer

**W-JAY MITCHELL**

Title or position of Authorized Officer

**VICE-PRES**

Telephone number of Authorized Officer.

**(417) 364 7214 ext. \_\_\_\_\_**

Study Area Code of Reporting Carrier

**421886**

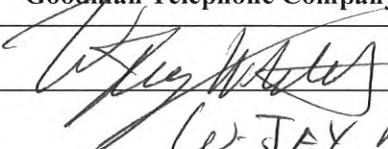
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Name of Reporting Carrier	Goodman Telephone Company		
Signature of Authorized Officer			Date 6-1-2020
Printed name of Authorized Officer	W. JAY MITCHELL		
Title or position of Authorized Officer	VICE-PRES		
Telephone number or Authorized Officer.	(417) 364-744 ext. _____		
Study Area Code of Reporting Carrier	421886	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

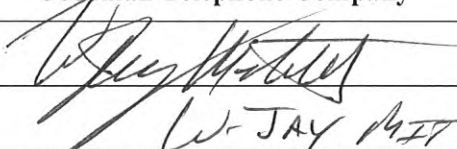
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Name of Reporting Carrier **Goodman Telephone Company**

Signature of Authorized Officer



Date

**6-1-2020**

Printed name of Authorized Officer

**W. JAY MITCHELL**

Title or position of Authorized Officer

**VICE-PRES**

Telephone number or Authorized Officer.

**(412) 368-7214 ext. \_\_\_\_\_**

Study Area Code of Reporting Carrier

**421886**

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

Name of Reporting Carrier                      **Grand River Mutual Telephone Company**

Signature of Authorized Officer

*Gregg Davis*

Date

05/19/2020

Printed name of Authorized Officer

Gregg Davis

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

( 660 ) 748-3231 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**351888**

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

06/16/2020

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Name of Reporting Carrier                      **Grand River Mutual Telephone Company**

Signature of Authorized Officer

*Gregg Davis*

Date

05/19/2020

Printed name of Authorized Officer

Gregg Davis

Title or position of Authorized Officer

President

Telephone number of Authorized  
Officer.

( 660 ) 748-3231 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**351888**

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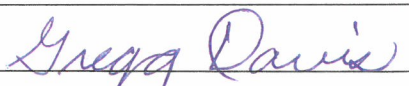
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Name of Reporting Carrier	<b>Grand River Mutual Telephone Company</b>		
Signature of Authorized Officer			Date
Printed name of Authorized Officer	Gregg Davis		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	( 660 ) 748-3231 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>351888</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

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Name of Reporting Carrier	<b>Grand River Mutual Telephone Company</b>
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Signature of Authorized Officer	<i>Gregg Davis</i>	Date
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**05/19/2020**

Printed name of Authorized Officer	<b>Gregg Davis</b>
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Title or position of Authorized Officer	<b>President</b>
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Telephone number or Authorized Officer.	<b>( 660 ) 748-3231 ext. _ _ _ _</b>
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Study Area Code of Reporting Carrier	<b>351888</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer  
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                      **Grand River Mutual Telephone Company**

Signature of Authorized Officer <i>Gregg Davis</i>	Date 05 / 19 / 2020
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Printed name of Authorized Officer                      Gregg Davis

Title or position of Authorized Officer                      President

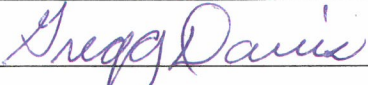
Telephone number of Authorized Officer.                      ( 660 ) 748-3231 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier <b>421888</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
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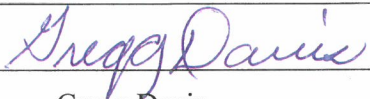
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier	<b>Grand River Mutual Telephone Company</b>		
Signature of Authorized Officer		Date	<b>05/19/2020</b>
Printed name of Authorized Officer	<b>Gregg Davis</b>		
Title or position of Authorized Officer	<b>President</b>		
Telephone number of Authorized Officer.	<b>( 660 ) 748-3231 ext. _ _ _ _</b>		
Study Area Code of Reporting Carrier	<b>421888</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>
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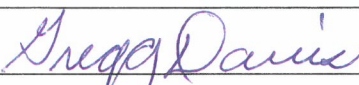
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier	<b>Grand River Mutual Telephone Company</b>			
Signature of Authorized Officer			Date	05/19/2020
Printed name of Authorized Officer	Gregg Davis			
Title or position of Authorized Officer	President			
Telephone number or Authorized Officer.	( 660 ) 748-3231 ext. _ _ _ _			
Study Area Code of Reporting Carrier	421888		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Grand River Mutual Telephone Company</b>		
Signature of Authorized Officer		Date	<b>05/19/2020</b>
Printed name of Authorized Officer	<b>Gregg Davis</b>		
Title or position of Authorized Officer	<b>President</b>		
Telephone number of Authorized Officer.	<b>( 660 ) 748-3231 ext. _ _ _ _</b>		
Study Area Code of Reporting Carrier	<b>421888</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

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

Name of Reporting Carrier                      **Hancock Rural Telephone Corporation d/b/a NineStar Connect**

Signature of Authorized Officer



Date

5/7/2020

Printed name of Authorized Officer                      Michael R. Burrow

Title or position of Authorized Officer                      President & CEO

Telephone number of Authorized Officer.                      (317) 326-3131

Study Area Code of Reporting Carrier

**320775**

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 **Hancock Rural Telephone Corporation d/b/a NineStar Connect**

Signature of Authorized Officer



Date

5/7/2020

Printed name of Authorized Officer **Michael R. Burrow**

Title or position of Authorized Officer **President & CEO**

Telephone number of Authorized Officer. **( 317) 326-3131**

Study Area Code of Reporting Carrier

**320775**

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

06/16/2020

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

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

Name of Reporting Carrier	<b>Hancock Rural Telephone Corporation d/b/a NineStar Connect</b>
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Signature of Authorized Officer		Date	5/7/2020
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Printed name of Authorized Officer	Michael R. Burrow
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Title or position of Authorized Officer	President & CEO
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Telephone number or Authorized Officer.	( 317 ) 326-3131
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Study Area Code of Reporting Carrier	320775		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Hancock Rural Telephone Corporation d/b/a NineStar Connect</b>
---------------------------	---

Signature of Authorized Officer		Date	5/7/2020
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Printed name of Authorized Officer	<b>Michael R. Burrow</b>
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Title or position of Authorized Officer	<b>President &amp; CEO</b>
---	----------------------------

Telephone number or Authorized Officer.	<b>( 317 ) 326-3131</b>
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Study Area Code of Reporting Carrier	<b>320775</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>	
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

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

Name of Reporting Carrier                      **Hargray 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

**240523**

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

06/16/2020

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

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

Name of Reporting Carrier **Hargray 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

**240523**

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

**06/16/2020**

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

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

Name of Reporting Carrier                      **Hargray 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

**240523**

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

**06/16/2020**

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

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier                      **Hargray 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

**240523**

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

**06/16/2020**

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

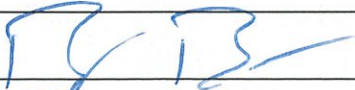
**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Heartland Telecommunications Company of Iowa d/b/a Premier Communications</b>		
Signature of Authorized Officer			Date <u>6/5/20</u>
Printed name of Authorized Officer	<u>Ryan Boone</u>		
Title or position of Authorized Officer	<u>COO</u>		
Telephone number or Authorized Officer.	<u>(712) 722 3451</u> ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>351096</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

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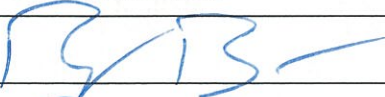
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier	<b>Heartland Telecommunications Company of Iowa d/b/a Premier Communications</b>		
Signature of Authorized Officer		Date	<u>6/5/20</u>
Printed name of Authorized Officer	<u>Ryan Boone</u>		
Title or position of Authorized Officer	<u>COO</u>		
Telephone number or Authorized Officer.	<u>(712) 722 3451</u> ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>351096</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
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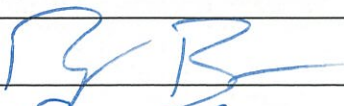
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier	<b>Heartland Telecommunications Company of Iowa d/b/a Premier Communications</b>		
Signature of Authorized Officer		Date	6/5/20
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	COO		
Telephone number or Authorized Officer.	(712) 722 3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351096	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Heartland Telecommunications Company of Iowa d/b/a Premier Communications</b>		
Signature of Authorized Officer		Date	<u>6/5/20</u>
Printed name of Authorized Officer	<u>Ryan Boone</u>		
Title or position of Authorized Officer	<u>COO</u>		
Telephone number or Authorized Officer.	<u>( 712 ) 722 3451</u> ext. <u>    </u>		
Study Area Code of Reporting Carrier	<b>351096</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>

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

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

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

Name of Reporting Carrier                      **Highland Telephone Cooperative**

Signature of Authorized Officer



Date 05/19/2020

Printed name of Authorized Officer  
Denise Waybright

Title or position of Authorized Officer      Office Manager

Telephone number or Authorized Officer.      (5 4 0) 468 2131 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**190237**

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

06/16/2020

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

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

Name of Reporting Carrier		<b>Highland Telephone Cooperative</b>	
Signature of Authorized Officer		Date 05/19/2020	
Printed name of Authorized Officer		Denise Waybright	
Title or position of Authorized Officer		Office Manager	
Telephone number or Authorized Officer.		(540) 468 2131 ext. _ _ _ _	
Study Area Code of Reporting Carrier	190237	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier                      **Highland Telephone Cooperative**

Signature of Authorized Officer



Date 05/19/2020

Printed name of Authorized Officer  
Denise Waybright

Title or position of Authorized Officer      Office Manager

Telephone number or Authorized  
Officer.

(540) 468 2131 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**190237**

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

06/16/2020

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

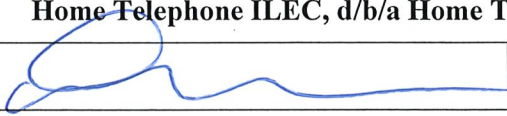
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Highland Telephone Cooperative</b>		
Signature of Authorized Officer		Date	05/19/2020
Printed name of Authorized Officer	Denise Waybright		
Title or position of Authorized Officer	Office Manager		
Telephone number or Authorized Officer.	(540) 468 2131 ext. _ _ _ _		
Study Area Code of Reporting Carrier	190237	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

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


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

Name of Reporting Carrier	<b>Home Telephone ILEC, d/b/a Home Telecom</b>		
Signature of Authorized Officer		Date	<b>06-05-2020</b>
Printed name of Authorized Officer	<b>Denny Thompson</b>		
Title or position of Authorized Officer	<b>Director Administrative Services</b>		
Telephone number or Authorized Officer.	<b>( 843__ __ ) _ 761__ __ 9173 __ __ ext. __ __ __</b>		
Study Area Code of Reporting Carrier	<b>240527</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>

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

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

Name of Reporting Carrier	<b>Home Telephone ILEC, d/b/a Home Telecom</b>				
Signature of Authorized Officer				Date	<b>6-5-2020</b>
Printed name of Authorized Officer	<b>Denny Thompson</b>				
Title or position of Authorized Officer	<b>Director Administrative Services</b>				
Telephone number or Authorized Officer.	<b>( _ 843 _ _ ) _ 761 _ _ _ 9173 _ _ ext. _ _ _ _</b>				
Study Area Code of Reporting Carrier	<b>240527</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>	
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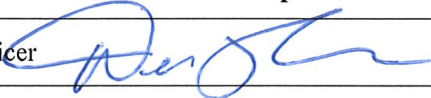
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

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

Name of Reporting Carrier                      **Home Telephone ILEC, d/b/a Home Telecom**

Signature of Authorized Officer



Date

*10-5-2020*

Printed name of Authorized Officer                      Denny Thompson

Title or position of Authorized Officer                      Director Administrative Services

Telephone number of Authorized Officer.                      ( \_843 \_ \_ ) \_761 \_ \_ \_9173 \_ \_ \_ ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**240527**

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

06/16/2020

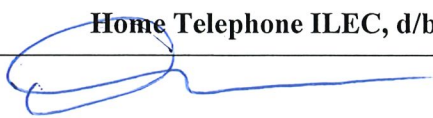
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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 **Home Telephone ILEC, d/b/a Home Telecom**

Signature of Authorized Officer



Date

**6-5-2020**

Printed name of Authorized Officer **Denny Thompson**

Title or position of Authorized Officer **Director Administrative Services**

Telephone number of Authorized Officer.

**( \_843 \_ \_ ) \_761 \_ \_ \_9173 \_ \_ \_ ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**240527**

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.