

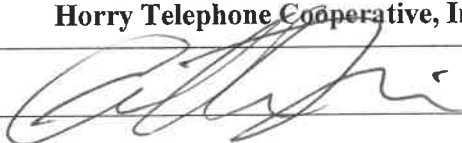
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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                      **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

5/28/2020

Printed name of Authorized Officer

Carlton Lewis

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

(843) 365 2151 ext.     

Study Area Code of Reporting Carrier

**240528**

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 **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

**5/28/2020**

Printed name of Authorized Officer

**Carlton Lewis**

Title or position of Authorized Officer

**CFO**

Telephone number of Authorized Officer.

**(843) 365 2151** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

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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 **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

**5/28/2020**

Printed name of Authorized Officer

**Carlton Lewis**

Title or position of Authorized Officer

**CFO**

Telephone number of Authorized Officer.

**( 8 4 3 ) 3 6 5 2 1 5 1 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**240528**

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

**06/16/2020**

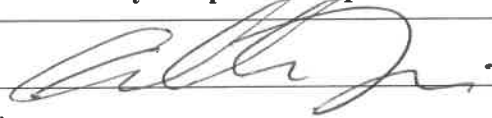
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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 **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

**5/28/2020 P**

Printed name of Authorized Officer

**Carlton Lewis**

Title or position of Authorized Officer

**CFO**

Telephone number of Authorized Officer.

**( 8 4 3 ) 3 6 5 2 1 5 1 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**240528**

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

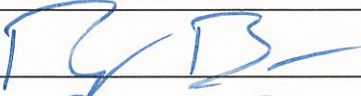
**06/16/2020**

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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	Hospers Telephone Exchange, Inc.		
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.	(717) 777 3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351202	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.

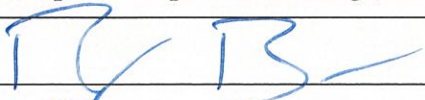
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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>Hospers Telephone Exchange, Inc.</b>		
Signature of Authorized Officer		Date	<b>6/5/20</b>
Printed name of Authorized Officer	<b>Ryan Boone</b>		
Title or position of Authorized Officer	<b>COO</b>		
Telephone number or Authorized Officer.	<b>( 712 ) 722 3451</b> ext. <b>---</b>		
Study Area Code of Reporting Carrier	<b>351202</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

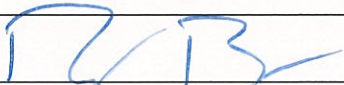
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier	<b>Hospers Telephone Exchange, Inc.</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	351202	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	<b>Hospers Telephone Exchange, Inc.</b>		
Signature of Authorized Officer		Date	<b>6/5/20</b>
Printed name of Authorized Officer	<b>Ryan Boone</b>		
Title or position of Authorized Officer	<b>COO</b>		
Telephone number or Authorized Officer.	<b>(712) 722 3451</b> ext. <b>----</b>		
Study Area Code of Reporting Carrier	<b>351202</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>
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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		<b>Industry Telephone Company</b>	
Signature of Authorized Officer		<i>Robin Marek</i>	Date <b>JUNE 8, 2020</b>
Printed name of Authorized Officer		<b>ROBIN MAREK</b>	
Title or position of Authorized Officer		<b>PRESIDENT</b>	
Telephone number of Authorized Officer.		<b>( _979_ ) _357_ _4411_ ext. _204_</b>	
Study Area Code of Reporting Carrier	<b>442093</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier	<b>Industry Telephone Company</b>		
Signature of Authorized Officer	<i>Robin Marek</i>	Date	<b>JUNE 8, 2020</b>
Printed name of Authorized Officer	<b>ROBIN MAREK</b>		
Title or position of Authorized Officer	<b>PRESIDENT</b>		
Telephone number of Authorized Officer.	( <u>979</u> ) <u>357</u> <u>4411</u> ext. <u>204</u> <u>  </u>		
Study Area Code of Reporting Carrier	<b>442093</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier	<b>Industry Telephone Company</b>		
Signature of Authorized Officer	<i>Robin Marek</i>	Date	<b>JUNE 8, 2020</b>
Printed name of Authorized Officer	<b>ROBIN MAREK</b>		
Title or position of Authorized Officer	<b>PRESIDENT</b>		
Telephone number of Authorized Officer.	<b>( 979 ) 357 4411 ext. 204</b>		
Study Area Code of Reporting Carrier	<b>442093</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**

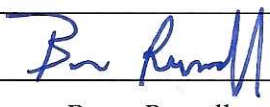
**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; 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	Industry Telephone Company		
Signature of Authorized Officer	<i>Robin Marek</i>	Date	JUNE 8, 2020
Printed name of Authorized Officer	ROBIN MAREK		
Title or position of Authorized Officer	PRESIDENT		
Telephone number of Authorized Officer.	( <u>979</u> ) <u>357</u> <u>4411</u> ext. <u>204</u>		
Study Area Code of Reporting Carrier	442093	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
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**Certification of Officer  
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**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	ITS Telecommunications Systems, Inc.		
Signature of Authorized Officer		Date	6/9/2020
Printed name of Authorized Officer	Bruce Russell		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer.	(772) 597-2106		
Study Area Code of Reporting Carrier	210331	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.			

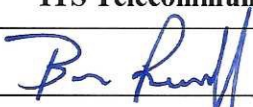
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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>ITS Telecommunications Systems, Inc.</b>			
Signature of Authorized Officer			Date	<b>6/9/2020</b>
Printed name of Authorized Officer	Bruce Russell			
Title or position of Authorized Officer	Chief Financial Officer			
Telephone number or Authorized Officer.	(772) 597-2106			
Study Area Code of Reporting Carrier	<b>210331</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	ITS Telecommunications Systems, Inc.		
Signature of Authorized Officer		Date	6/9/2020
Printed name of Authorized Officer	Bruce Russell		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(772) 597-2106		
Study Area Code of Reporting Carrier	210331	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

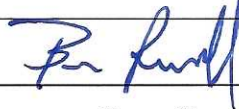
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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 **ITS Telecommunications Systems, Inc.**

Signature of Authorized Officer



Date

6/9/2020

Printed name of Authorized Officer

Bruce Russell

Title or position of Authorized Officer

Chief Financial Officer

Telephone number or Authorized Officer.

(772) 597-2106

Study Area Code of Reporting Carrier

**210331**

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

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)				
Name of Reporting Carrier	Lancaster Telephone Company d/b/a Comporium Communications				
Signature of Authorized Officer			Date 6/4/2020		
Printed name of Authorized Officer	Charles G. Lunsford				
Title or position of Authorized Officer	Vice President-Regulatory Affairs				
Telephone number of Authorized Officer.	( 803 ) 326 7170 ext. _ _ _ _				
Study Area Code of Reporting Carrier	240531		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>Lancaster 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>240531</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**




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Name of Reporting Carrier	<b>Lancaster 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 or Authorized Officer.	( 803 ) 326 7170 ext. _ _ _ _			
Study Area Code of Reporting Carrier	<b>240531</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 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>Lancaster 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>240531</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>	

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

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

Name of Reporting Carrier      **Livingston Telephone Company**

Signature of Authorized Officer

Date

*6-4-2020*

Printed name of Authorized Officer

*DEBORAH RAND*

Title or position of Authorized Officer

*PRESIDENT*

Telephone number of Authorized Officer.

*(603) 472-9786* ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**442107**

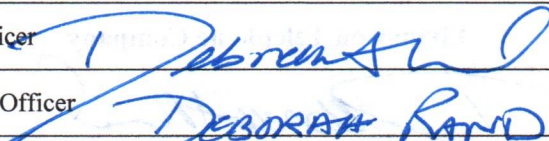
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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		Livingston Telephone Company	
Signature of Authorized Officer		Date	
		6-4-2020	
Printed name of Authorized Officer		DEBORAH RAND	
Title or position of Authorized Officer		PRESIDENT	
Telephone number or Authorized Officer.		(603) 472-9786 ext. _____	
Study Area Code of Reporting Carrier	442107	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 **Livingston Telephone Company**

Signature of Authorized Officer

*Deborah Rand*

Date

*6-4-2020*

Printed name of Authorized Officer

*Deborah Rand*

Title or position of Authorized Officer

*PRESIDENT*

Telephone number or Authorized Officer.

*(603) 472 9786* ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**442107**

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 **Livingston Telephone Company**

Signature of Authorized Officer

Date

**6-4-2020**

Printed name of Authorized Officer

**DEBORAH RAND**

Title or position of Authorized Officer

**PRESIDENT**

Telephone number of Authorized Officer.

**(603) 472 9786** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**442107**

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                      **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer

*Mary McDermott*

Date    6-5-2020

Printed name of Authorized Officer    Mary McDermott

Title or position of Authorized Officer    General Counsel and Secretary

Telephone number of Authorized Officer.            ( 540 )    946    8677    ext.    \_ \_ \_ \_

Study Area Code of Reporting Carrier

**190249**

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 **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer

*Mary McDermott*

Date 6-5-2020

Printed name of Authorized Officer Mary McDermott

Title or position of Authorized Officer General Counsel and Secretary

Telephone number or Authorized Officer.

( 540 ) 946 8677 ext.     

Study Area Code of Reporting Carrier

**190249**

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                      **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer

*Mary McDermott*

Date      6-5-2020

Printed name of Authorized Officer    Mary McDermott

Title or position of Authorized Officer    General Counsel and Secretary

Telephone number or Authorized  
Officer.

( 540 ) 946 8677 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**190249**

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>Lumos Telephone of Botetourt, Inc.</b>
---------------------------	---

Signature of Authorized Officer	<i>Mary McDermott</i>	Date	6-5-2020
---------------------------------	-----------------------	------	----------

Printed name of Authorized Officer	Mary McDermott
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Title or position of Authorized Officer	General Counsel and Secretary
---	-------------------------------

Telephone number or Authorized Officer.	( <u>540</u> ) <u>946</u> <u>8677</u> ext. <u>    </u>
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Study Area Code of Reporting Carrier	<b>190249</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                      **Mark Twain Rural Telephone Company**

Signature of Authorized Officer 	Date <u>6-3-2020</u>
---	-------------------------

Printed name of Authorized Officer                      Jim Lyon

Title or position of Authorized Officer                      CEO & General Manager

Telephone number of Authorized Officer.                      ( 660 ) 423-5211 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier	<b>421914</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                      **Mark Twain Rural Telephone Company**

Signature of Authorized Officer 	Date <b>6-3-2020</b>
---	-------------------------

Printed name of Authorized Officer                      Jim Lyon

Title or position of Authorized Officer                      CEO & General Manager

Telephone number or Authorized Officer.                      ( 660 ) 423-5211 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier	<b>421914</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                      **Mark Twain Rural Telephone Company**

Signature of Authorized Officer



Date

*6-3-2020*

Printed name of Authorized Officer

Jim Lyon

Title or position of Authorized Officer

CEO & General Manager

Telephone number of Authorized Officer.

( 660 ) 423-5211 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**421914**

Filing Due Date for this form  
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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                      **Mark Twain Rural Telephone Company**

Signature of Authorized Officer 

Date  


Printed name of Authorized Officer              Jim Lyon

Title or position of Authorized Officer      CEO & General Manager

Telephone number or Authorized  
Officer.                                      ( 660 ) 423-5211 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**421914**

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

**06/16/2020**

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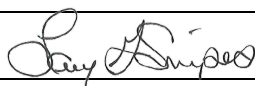
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**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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                      **Matanuska Telephone Association**

Signature of Authorized Officer



Date  
06/16/2020

Printed name of Authorized Officer                      Larry G. Snipes

Title or position of Authorized Officer                      Manager, Regulatory Affairs

Telephone number of Authorized Officer.                      ( 907 ) 761 2746 ext.         

Study Area Code of Reporting Carrier

**613015**

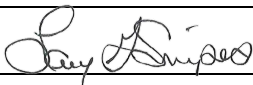
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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.**

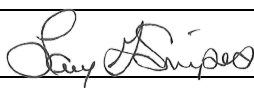
Name of Reporting Carrier	<b>Matanuska Telephone Association</b>			
Signature of Authorized Officer			Date	06/16/2020
Printed name of Authorized Officer	Larry G. Snipes			
Title or position of Authorized Officer	Manager, Regulatory Affairs			
Telephone number or Authorized Officer.	( 907 ) 761 2746 ext.			
Study Area Code of Reporting Carrier	613015		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                      **Matanuska Telephone Association**

Signature of Authorized Officer



Date

06/16/2020

Printed name of Authorized Officer

Larry G. Snipes

Title or position of Authorized Officer

Manager, Regulatory Affairs

Telephone number or Authorized  
Officer.

( 907 \_ ) 761 \_ 2746 \_ ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**613015**

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

06/16/2020

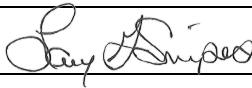
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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                      **Matanuska Telephone Association**

Signature of Authorized Officer



Date

**06/16/2020**

Printed name of Authorized Officer

Larry G. Snipes

Title or position of Authorized Officer

Manager, Regulatory Affairs

Telephone number or Authorized  
Officer.

( 907 \_ \_ )    761 \_ \_    2746 \_ \_    ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**613015**

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	Mid-Plains Rural Tel. Coop., Inc.
---------------------------	-----------------------------------

Signature of Authorized Officer		Date 06/09/2020
---------------------------------	---	-----------------

Printed name of Authorized Officer	Andrew Vargas
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Title or position of Authorized Officer	CEO/General Manager
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Telephone number or Authorized Officer.	( 806 ) 668-4420
---	------------------

Study Area Code of Reporting Carrier	442112		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	
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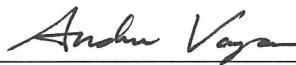
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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                      **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer



Date    06/09/2020

Printed name of Authorized Officer

Andrew Vargas

Title or position of Authorized Officer

CEO/General Manager

Telephone number or Authorized  
Officer.

( 806 ) 668-4420

Study Area Code of Reporting Carrier

**442112**

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                      **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer

*Andrew Vargas*

Date   06/09/2020

Printed name of Authorized Officer

Andrew Vargas

Title or position of Authorized Officer

CEO/General Manager

Telephone number of Authorized  
Officer.

( 806 ) 668-4420

Study Area Code of Reporting Carrier

**442112**

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>Mid-Plains Rural Tel. Coop., Inc.</b>
---------------------------	--

Signature of Authorized Officer		Date 06/09/2020
---------------------------------	---	-----------------

Printed name of Authorized Officer	Andrew Vargas
------------------------------------	---------------

Title or position of Authorized Officer	CEO/General Manager
---	---------------------

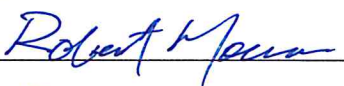
Telephone number or Authorized Officer.	( 806 ) 668-4420
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Study Area Code of Reporting Carrier	442112		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	
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**Certification of Officer  
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I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Millington Telephone Company, Inc.		
Signature of Authorized Officer		Date	5/20/20
Printed name of Authorized Officer	ROBERT MOUSER		
Title or position of Authorized Officer	VICE PRESIDENT		
Telephone number of Authorized Officer.	( 870 ) 429 1116 ext. _ _ _ _		
Study Area Code of Reporting Carrier	290571	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                      **Millington Telephone Company, Inc.**

Signature of Authorized Officer

*Robert Mouser*

Date

*5/20/20*

Printed name of Authorized Officer

*ROBERT MOUSER*

Title or position of Authorized Officer

*VICE PRESIDENT*

Telephone number of Authorized Officer.

*( 870 ) 429 1116* ext. *----*

Study Area Code of Reporting Carrier

**290571**

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		<b>Millington Telephone Company, Inc.</b>	
Signature of Authorized Officer		<i>Robert Mouser</i>	Date <i>5/20/20</i>
Printed name of Authorized Officer		<i>ROBERT MOUSER</i>	
Title or position of Authorized Officer		<i>VICE PRESIDENT</i>	
Telephone number or Authorized Officer.		<i>( 870 ) 429 1111</i> ext. <i>----</i>	
Study Area Code of Reporting Carrier	<b>290571</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                      **Millington Telephone Company, Inc.**

Signature of Authorized Officer

*Robert Mouser*

Date

*5/20/20*

Printed name of Authorized Officer

*ROBERT MOUSER*

Title or position of Authorized Officer

*VICE PRESIDENT*

Telephone number of Authorized Officer.

*( 870 ) 429 - 1111 ext. \_ \_ \_ \_*

Study Area Code of Reporting Carrier

**290571**

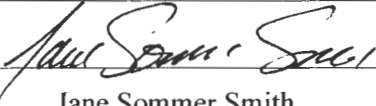
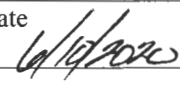
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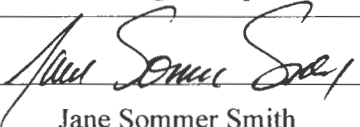
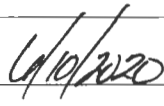
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Moundridge Telephone Company		
Signature of Authorized Officer			Date 
Printed name of Authorized Officer	Jane Sommer Smith		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer.	( 620 ) 345 - 2832		
Study Area Code of Reporting Carrier	411808	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.			

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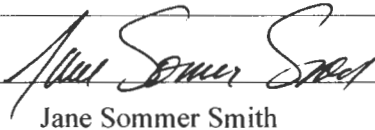
Name of Reporting Carrier	<b>Moundridge Telephone Company</b>		
Signature of Authorized Officer		Date	
Printed name of Authorized Officer	Jane Sommer Smith		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer.	( 620 ) 345 - 2832		
Study Area Code of Reporting Carrier	<b>411808</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
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Name of Reporting Carrier                      **Moundridge Telephone Company**

Signature of Authorized Officer



Date

*6/10/2020*

Printed name of Authorized Officer

Jane Sommer Smith

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

( 620 ) 345 - 2832

Study Area Code of Reporting Carrier

**411808**

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

06/16/2020

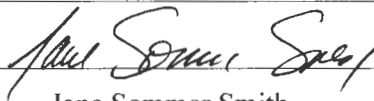
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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                      **Moundridge Telephone Company**

Signature of Authorized Officer



Date

*6/10/2020*

Printed name of Authorized Officer

Jane Sommer Smith

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

( 620 ) 345 - 2832

Study Area Code of Reporting Carrier

**411808**

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.