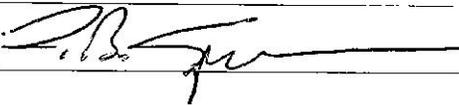


**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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	PBT Telecom, Inc.		
Signature of Authorized Officer		Date May 28, 2020	
Printed name of Authorized Officer	L.B. Spearman		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer.	(803) 210-5528 ext. _____		
Study Area Code of Reporting Carrier	240539		Filing Due Date for this form (mm/dd/yyyy) May 28, 2020
			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		PBT Telecom, Inc.	
Signature of Authorized Officer			Date May 28, 2020
Printed name of Authorized Officer		L.B. Spearman	
Title or position of Authorized Officer		Vice President	
Telephone number of Authorized Officer.		(_ 803) _ 210 -5528 _ ext. _ _ _ _	
Study Area Code of Reporting Carrier	240539	Filing Due Date for this form (mm/dd/yyyy) May 28, 2020	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		PBT Telecom, Inc.	
Signature of Authorized Officer		Date May 28, 2020	
Printed name of Authorized Officer			
L.B. Spearman			
Title or position of Authorized Officer		Vice President	
Telephone number of Authorized Officer.		(803) _210-5528_ ext. _ _ _ _	
Study Area Code of Reporting Carrier	240539	Filing Due Date for this form (mm/dd/yyyy) May 28, 2020	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		PBT Telecom, Inc.	
Signature of Authorized Officer		Date May 28, 2020	
Printed name of Authorized Officer			
L.B. Spearman			
Title or position of Authorized Officer		Vice President	
Telephone number of Authorized Officer.		(803) 210-5528 ext. _____	
Study Area Code of Reporting Carrier	240539	Filing Due Date for this form (mm/dd/yyyy) May 28, 2020	06/16/2020

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

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

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

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

Name of Reporting Carrier **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date May 7, 2020

Printed name of Authorized Officer Randall Lis

Title or position of Authorized Officer General Manager

Telephone number of Authorized Officer. (864) 683-3700 ext. _ _ _ _ _

Study Area Code of Reporting Carrier

240538

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 **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date May 7, 2020

Printed name of Authorized Officer **Randall Lis**

Title or position of Authorized Officer **General Manager**

Telephone number or Authorized Officer.

(864) 683-3700 ext. _ _ _ _

Study Area Code of Reporting Carrier

240538

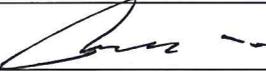
Filing Due Date for this form
(mm/dd/yyyy)

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		Piedmont Rural Telephone Cooperative, Inc.		
Signature of Authorized Officer				
		Date May 7, 2020		
Printed name of Authorized Officer		Randall Lis		
Title or position of Authorized Officer		General Manager		
Telephone number of Authorized Officer.		(864) 683-3700 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240538		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 **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date May 7, 2020

Printed name of Authorized Officer **Randall Lis**

Title or position of Authorized Officer **General Manager**

Telephone number or Authorized Officer.

(864) 683-3700 ext. _ _ _ _ _

Study Area Code of Reporting Carrier

240538

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

06/16/2020

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

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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Pine Telephone Company		
Signature of Authorized Officer		Date	
Printed name of Authorized Officer	John B. Callaham		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer.	(580) 584 - 3355		
Study Area Code of Reporting Carrier	432017	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 **Pine Telephone Company**

Signature of Authorized Officer



Date

Printed name of Authorized Officer

John B. Callaham

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

(580) 584 - 3355

Study Area Code of Reporting Carrier

432017

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	Pine Telephone Company		
Signature of Authorized Officer		Date	
Printed name of Authorized Officer	John B. Callaham		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer.	(580) 584 - 3355		
Study Area Code of Reporting Carrier	432017	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	Pine Telephone Company		
Signature of Authorized Officer		Date	
Printed name of Authorized Officer	John B. Callaham		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer.	(580) 584 - 3355		
Study Area Code of Reporting Carrier	432017	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

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

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

Signature of Authorized Officer	Date
	5/19/2020

Printed name of Authorized Officer Dustin Durden

Title or position of Authorized Officer Executive Vice President

Telephone number of Authorized Officer. (912) 685-2121

Study Area Code of Reporting Carrier	220377	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
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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 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 **Pineland Telephone Cooperative, Inc.**

Signature of Authorized Officer  Date **5/19/2020**

Printed name of Authorized Officer **Dustin Durden**

Title or position of Authorized Officer **Executive Vice President**

Telephone number or Authorized Officer. **(912) 685-2121**

Study Area Code of Reporting Carrier	220377		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	
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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 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	Pineland Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	5/19/2020
Printed name of Authorized Officer	Dustin Durden		
Title or position of Authorized Officer	Executive Vice President		
Telephone number of Authorized Officer.	(912) 685-2121		
Study Area Code of Reporting Carrier	220377	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	Pineland Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	<i>5/19/2020</i>
Printed name of Authorized Officer	Dustin Durden		
Title or position of Authorized Officer	Executive Vice President		
Telephone number or Authorized Officer.	(912) 685-2121		
Study Area Code of Reporting Carrier	220377	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier	The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications		
Signature of Authorized Officer		Date	<i>6/16/2020</i>
Printed name of Authorized Officer	Catherine Moyer		
Title or position of Authorized Officer	President / General Manager		
Telephone number of Authorized Officer.	(620) 356 - 3211		
Study Area Code of Reporting Carrier	411817	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications		
Signature of Authorized Officer		Date	6/16/2020
Printed name of Authorized Officer	Catherine Moyer		
Title or position of Authorized Officer	President / General Manager		
Telephone number of Authorized Officer.	(620) 356 - 3211		
Study Area Code of Reporting Carrier	411817	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	The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications		
Signature of Authorized Officer	<i>Catherine Moyer</i>	Date	<i>6/16/2020</i>
Printed name of Authorized Officer	Catherine Moyer		
Title or position of Authorized Officer	President / General Manager		
Telephone number or Authorized Officer.	(620) 356 - 3211		
Study Area Code of Reporting Carrier	411817	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

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

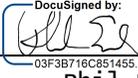
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier		The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications	
Signature of Authorized Officer		Date	<i>6/16/2020</i>
Printed name of Authorized Officer	Catherine Moyer		
Title or position of Authorized Officer	President / General Manager		
Telephone number of Authorized Officer.	(620) 356 - 3211		
Study Area Code of Reporting Carrier	411817	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	Ringgold Telephone Company		
Signature of Authorized Officer		Date 5/21/2020	
Printed name of Authorized Officer	Phil Erli		
Title or position of Authorized Officer	Executive Vice President		
Telephone number of Authorized Officer.	(706) 965 1253 ext. _____		
Study Area Code of Reporting Carrier	220382	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		Ringgold Telephone Company	
Signature of Authorized Officer	 <small>03F3B718C851455</small>	Date	5/21/2020
Printed name of Authorized Officer	Phil Erli		
Title or position of Authorized Officer	Executive Vice President		
Telephone number or Authorized Officer.	(706) 965 1253 ext. _____		
Study Area Code of Reporting Carrier	220382	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		Ringgold Telephone Company			
Signature of Authorized Officer	 <small>DocuSigned by: 03F3B716C851455...</small>	Date 5/21/2020			
Printed name of Authorized Officer	Phil Erli				
Title or position of Authorized Officer	Executive Vice President				
Telephone number or Authorized Officer.	(706) 965 1253 ext. _____				
Study Area Code of Reporting Carrier	220382		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.					

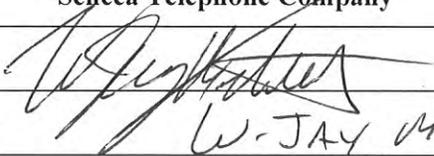
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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		Ringgold Telephone Company	
Signature of Authorized Officer	 <small>03F3B716C851455...</small>	Date	5/21/2020
Printed name of Authorized Officer	Phil Erli		
Title or position of Authorized Officer	Executive Vice President		
Telephone number or Authorized Officer.	(706)	965	1253 ext. _____
Study Area Code of Reporting Carrier	220382	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

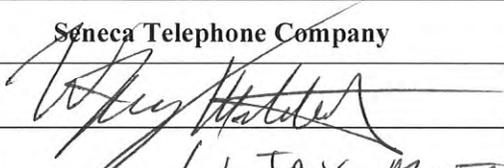
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and,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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Seneca Telephone Company		
Signature of Authorized Officer			Date 6-1-2020
Printed name of Authorized Officer	W. JAY MITCHELL		
Title or position of Authorized Officer	PRESIDENT		
Telephone number of Authorized Officer.	(417) 776 2242 ext. _____		
Study Area Code of Reporting Carrier	421945	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.

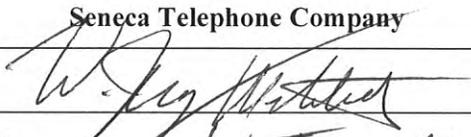
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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				Seneca Telephone Company			
Signature of Authorized Officer					Date		6-1-2020
Printed name of Authorized Officer				W-JAY MITCHELL			
Title or position of Authorized Officer				PRESIDENT			
Telephone number or Authorized Officer.				(417) 726-2247 ext. _____			
Study Area Code of Reporting Carrier		421945		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

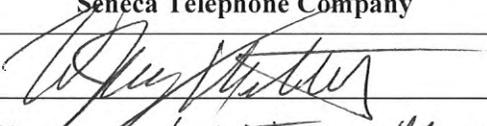
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Seneca Telephone Company					
Signature of Authorized Officer						Date		6-1-2020	
Printed name of Authorized Officer				W-JAY MITCHELL					
Title or position of Authorized Officer				PRESIDENT					
Telephone number of Authorized Officer.				(417) 776 2247 ext. _ _ _ _					
Study Area Code of Reporting Carrier		421945		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				Seneca Telephone Company					
Signature of Authorized Officer						Date		6-1-2020	
Printed name of Authorized Officer				W. JAY MITCHELL					
Title or position of Authorized Officer				PRESIDENT					
Telephone number of Authorized Officer.				(417) 776 2247 ext. _____					
Study Area Code of Reporting Carrier		421945		Filing Due Date for this form (mm/dd/yyyy)		06/16/2020			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier SkyLine Telephone Membership Corporation			
Signature of authorized officer	<i>Cindy Rothstein</i>	Date	6/1/2020
Printed name of authorized officer Cindy Rothstein			
Title or position of authorized officer CFO			
Telephone number of authorized officer: (336) 876-6304, ext.			
Study Area Code of Reporting Carrier	230501	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier SkyLine Telephone Membership Corporation

Signature of Authorized Officer

Cindy Rothstein

Date

6/1/2020

Printed name of Authorized Officer

Cindy Rothstein

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer:

(336) 876-6304 ext.

Study Area Code of Reporting Carrier

230501

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

06/16/2020

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier SkyLine Telephone Membership Corporation			
Signature of authorized officer	<i>Cindy Rothstein</i>	Date	6/1/2020
Printed name of authorized officer Cindy Rothstein			
Title or position of authorized officer CFO			
Telephone number of authorized officer: (336) 876-6304 ext.			
Study Area Code of Reporting Carrier	230501	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Skyline Telephone Membership Corporation		
Signature of Authorized Officer	<i>Cindy Rothstein</i>	Date	<i>6/4/2020</i>
Printed name of Authorized Officer	<i>Cindy Rothstein</i>		
Title or position of Authorized Officer	<i>CFO</i>		
Telephone number of Authorized Officer.	<i>(336) 876 6304</i> ext. _____		
Study Area Code of Reporting Carrier	230501	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

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

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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Smart City Telecommunications LLC d/b/a Smart City Telecom		
Signature of Authorized Officer	<i>Martin A Rubin</i>	Date	5/5/2020
Printed name of Authorized Officer	Martin A. Rubin		
Title or position of Authorized Officer	President & CEO		
Telephone number of Authorized Officer.	(407) 828-6656 ext. _ _ _ _		
Study Area Code of Reporting Carrier	210330	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	Smart City Telecommunications LLC d/b/a Smart City Telecom		
Signature of Authorized Officer	<i>Martin A Rubin</i>	Date	5/5/2020
Printed name of Authorized Officer	Martin A. Rubin		
Title or position of Authorized Officer	President & CEO		
Telephone number or Authorized Officer.	(407) 828-6656 ext. _ _ _ _		
Study Area Code of Reporting Carrier	210330	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	Smart City Telecommunications LLC d/b/a Smart City Telecom		
Signature of Authorized Officer	<i>Martin A Rubin</i>	Date	5/5/2020
Printed name of Authorized Officer	Martin A. Rubin		
Title or position of Authorized Officer	President & CEO		
Telephone number or Authorized Officer.	(407) 828-6656 ext. _ _ _ _		
Study Area Code of Reporting Carrier	210330	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	Smart City Telecommunications LLC d/b/a Smart City Telecom		
Signature of Authorized Officer	<i>Martin A Rubin</i>	Date	5/5/2020
Printed name of Authorized Officer	Martin A. Rubin		
Title or position of Authorized Officer	President & CEO		
Telephone number or Authorized Officer.	(407) 828-6656 ext. _ _ _ _		
Study Area Code of Reporting Carrier	210330	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Smithville Telephone Company, Inc.		
Signature of Authorized Officer	<i>Roger V. Thompson</i>	Date	May 20, 2020
Printed name of Authorized Officer	Roger V. Thompson		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(_ 662) 651-4131 ext. _ _ _ _		
Study Area Code of Reporting Carrier	280467	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	Smithville Telephone Company, Inc.		
Signature of Authorized Officer	<i>Roger V. Thompson</i>	Date	May 20, 2020
Printed name of Authorized Officer	Roger V. Thompson		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	(_662_) 651-4131___ ext. _____		
Study Area Code of Reporting Carrier	280467	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		Smithville Telephone Company, Inc.	
Signature of Authorized Officer	<i>Roger V. Thompson</i>	Date	May 20, 2020
Printed name of Authorized Officer		Roger V. Thompson	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		(_662_) _651-4131__ ext. _ _ _ _	
Study Area Code of Reporting Carrier	280467	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		Smithville Telephone Company, Inc.	
Signature of Authorized Officer		<i>Roger V. Thompson</i>	Date May 20, 2020
Printed name of Authorized Officer		Roger V. Thompson	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		(_662_) 651-4131 ___ ext. ___	
Study Area Code of Reporting Carrier	280467	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

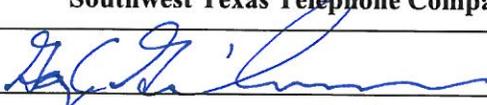
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		Southwest Texas Telephone Company	
Signature of Authorized Officer	<i>Gary C. Gilmer</i>	Date	<i>June 8, 2020</i>
Printed name of Authorized Officer	<i>Gary C. Gilmer</i>		
Title or position of Authorized Officer	<i>President</i>		
Telephone number of Authorized Officer.	<i>(830) 683 2111</i> ext. _____		
Study Area Code of Reporting Carrier	442135	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.

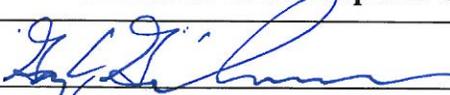
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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		Southwest Texas Telephone Company	
Signature of Authorized Officer		Date	June 8, 2020
Printed name of Authorized Officer	Gary C. Gilmer		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(830) 683 2111 ext. _____		
Study Area Code of Reporting Carrier	442135	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		Southwest Texas Telephone Company	
Signature of Authorized Officer		Date	6/9/20
Printed name of Authorized Officer		Gary C. Gilmer	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer.		(830) 683 2111 ext. _____	
Study Area Code of Reporting Carrier	442135	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

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

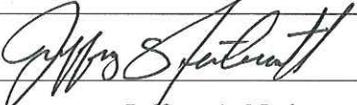
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Southwest Texas Telephone Company		
Signature of Authorized Officer		Date	6/9/20
Printed name of Authorized Officer	Gary C. Gilmer		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(870) 683 2111 ext. _ _ _ _		
Study Area Code of Reporting Carrier	442135	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Authorized Agent		John Staurulakis, Inc. (JSI)	
Name of Reporting Carrier		Star Telephone Membership Corp.	
Signature of Authorized Officer		Date	05/28/2020
Printed name of Authorized Officer		Jeffrey A. Nethercutt	
Title or position of Authorized Officer		Executive Vice President & General Manager	
Telephone number of Authorized Officer.		(910) 564-7869	
Study Area Code of Reporting Carrier	230502	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 **Star Telephone Membership Corp.**

Signature of Authorized Officer



Date
05/28/2020

Printed name of Authorized Officer Jeffrey A. Nethercutt

Title or position of Authorized Officer Executive Vice President & General Manager

Telephone number or Authorized Officer. (910) 564-7869

Study Area Code of Reporting Carrier

230502

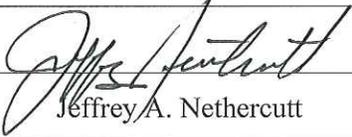
Filing Due Date for this form
(mm/dd/yyyy)

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

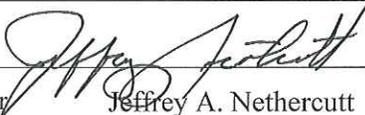
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier	Star Telephone Membership Corp.		
Signature of Authorized Officer		Date	05/28/2020
Printed name of Authorized Officer	Jeffrey A. Nethercutt		
Title or position of Authorized Officer	Executive Vice President & General Manager		
Telephone number or Authorized Officer.	(910) 564-7869		
Study Area Code of Reporting Carrier	230502	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		Star Telephone Membership Corp.	
Signature of Authorized Officer		Date	05/28/2020
Printed name of Authorized Officer	Jeffrey A. Nethercutt		
Title or position of Authorized Officer	Executive Vice President & General Manager		
Telephone number or Authorized Officer.	(910) 564-7869		
Study Area Code of Reporting Carrier	230502	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

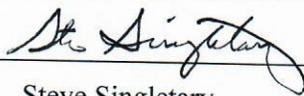
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and,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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Taylor Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	06-09-2020
Printed name of Authorized Officer	Steve Singletary		
Title or position of Authorized Officer	General Manager and CEO		
Telephone number of Authorized Officer.	(325) 846 - 4111 ext. 4102		
Study Area Code of Reporting Carrier	442151	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

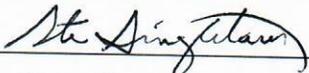
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	Taylor Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	06-09-2020
Printed name of Authorized Officer	Steve Singletary		
Title or position of Authorized Officer	General Manager and CEO		
Telephone number of Authorized Officer.	(325) 846 - 4111 ext. 4102		
Study Area Code of Reporting Carrier	442151	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

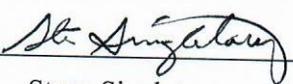
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier		Taylor Telephone Cooperative, Inc.	
Signature of Authorized Officer			Date 06-09-2020
Printed name of Authorized Officer		Steve Singletary	
Title or position of Authorized Officer		General Manager and CEO	
Telephone number or Authorized Officer.		(325) 846 - 4111 ext. 4102	
Study Area Code of Reporting Carrier	442151	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

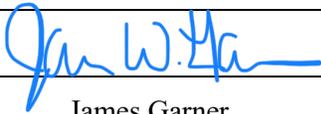
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier		Taylor Telephone Cooperative, Inc.	
Signature of Authorized Officer			Date 06-09-2020
Printed name of Authorized Officer		Steve Singletary	
Title or position of Authorized Officer		General Manager and CEO	
Telephone number of Authorized Officer.		(325) 846 - 4111 ext. 4102	
Study Area Code of Reporting Carrier	442151	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

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

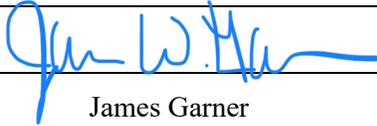
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Bay Springs Telephone Company		
Signature of Authorized Officer		Date	05/22/2020
Printed name of Authorized Officer	James Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number of Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	280446	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.

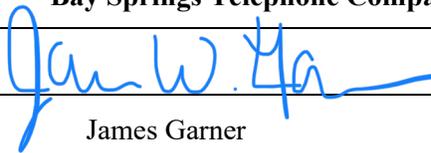
Name of Reporting Carrier		Bay Springs Telephone Company	
Signature of Authorized Officer		Date	05/22/2020
Printed name of Authorized Officer	James Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number or Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	280446	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 **Bay Springs Telephone Company**

Signature of Authorized Officer



Date 05/22/2020

Printed name of Authorized Officer

James Garner

Title or position of Authorized Officer

Vice President of Operations

Telephone number or Authorized Officer.

(601) 354-9070

Study Area Code of Reporting Carrier

280446

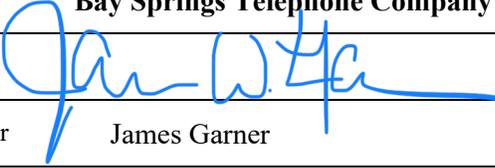
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2020

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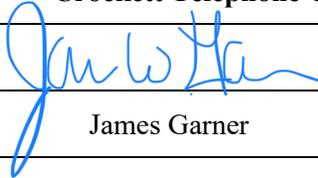
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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		Bay Springs Telephone Company	
Signature of Authorized Officer		Date	05/22/2020
Printed name of Authorized Officer	James Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number or Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	280446	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
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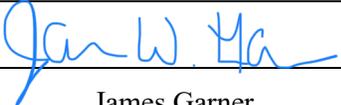
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Crockett Telephone Company		
Signature of Authorized Officer		Date	05/22/2020
Printed name of Authorized Officer	James Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number of Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	290561	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
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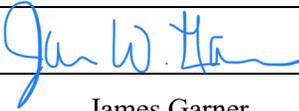
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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		Crockett Telephone Company	
Signature of Authorized Officer		Date	05/22/2020
Printed name of Authorized Officer	James Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number or Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	290561	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

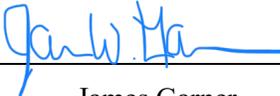
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier		Crockett Telephone Company	
Signature of Authorized Officer		Date	05/22/2020
Printed name of Authorized Officer	James Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number or Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	290561	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		Crockett Telephone Company	
Signature of Authorized Officer		Date	05/22/2020
Printed name of Authorized Officer	James Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number or Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	290561	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
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