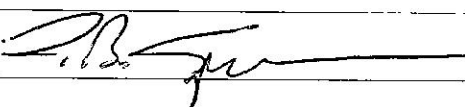


**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

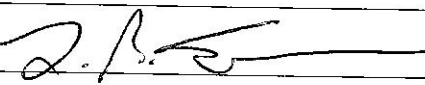
**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; 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 or 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	<b>PBT Telecom, Inc.</b>		
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 or Authorized Officer.	( _ 803 ) _ 210 -5528 _ ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>240539</b>	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 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**

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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                      **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 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>Piedmont Rural Telephone Cooperative, Inc.</b>
---------------------------	---

Signature of Authorized Officer 	Date May 7, 2020
---	------------------

Printed name of Authorized Officer	<b>Randall Lis</b>
------------------------------------	--------------------

Title or position of Authorized Officer	<b>General Manager</b>
---	------------------------

Telephone number or Authorized Officer.	<b>( 864) 683-3700 ext. _ _ _ _</b>
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Study Area Code of Reporting Carrier	<b>240538</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 **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 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**

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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	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	<b>Pine Telephone Company</b>		
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	<b>432017</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                      **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**

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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                      **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**

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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                      **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 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>Pineland Telephone Cooperative, Inc.</b>				
Signature of Authorized Officer				Date	<b>5/19/2020</b>
Printed name of Authorized Officer	<b>Dustin Durden</b>				
Title or position of Authorized Officer	<b>Executive Vice President</b>				
Telephone number or Authorized Officer.	<b>(912) 685-2121</b>				
Study Area Code of Reporting Carrier	<b>220377</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>Pineland Telephone Cooperative, Inc.</b>			
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	<b>Pineland Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer		Date	<b>5/19/2020</b>
Printed name of Authorized Officer	<b>Dustin Durden</b>		
Title or position of Authorized Officer	<b>Executive Vice President</b>		
Telephone number or Authorized Officer.	<b>(912) 685-2121</b>		
Study Area Code of Reporting Carrier	<b>220377</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>

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

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

Name of Reporting Carrier	<b>The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications</b>
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Signature of Authorized Officer		Date	<i>6/16/2020</i>
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Printed name of Authorized Officer	Catherine Moyer
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Title or position of Authorized Officer	President / General Manager
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Telephone number of Authorized Officer.	( 620 ) 356 - 3211
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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**

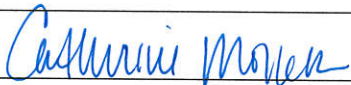
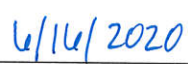
I certify that (Name of Agent) **John Staurulakis, Inc. (JSI)** is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; 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	<b>The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications</b>		
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	<b>The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications</b>			
Signature of Authorized Officer			Date	
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 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>The Pioneer Telephone Association, Inc. d/b/a Pioneer Communications</b>
---------------------------	---

Signature of Authorized Officer		Date	<b>6/16/2020</b>
---------------------------------	--	------	------------------

Printed name of Authorized Officer	<b>Catherine Moyer</b>
------------------------------------	------------------------

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

Telephone number of Authorized Officer.	<b>( 620 ) 356 - 3211</b>
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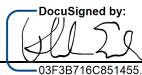
Study Area Code of Reporting Carrier	<b>411817</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>	
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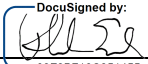
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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	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 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.			

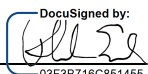
### Certification of Officer as to the Accuracy of the CAF ICC Data Reported

**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					<b>Ringgold Telephone Company</b>					
Signature of Authorized Officer				 <small>DocuSigned by:</small> <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			<b>220382</b>				Filing Due Date for this form (mm/dd/yyyy)		06/16/2020	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.										

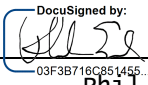
### Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

### Certification of Officer 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>Ringgold Telephone Company</b>	
Signature of Authorized Officer		Date 5/21/2020	
 <small>DocuSigned by: 03F3B716C851455...</small>			
Printed name of Authorized Officer <b>Phil Erli</b>			
Title or position of Authorized Officer <b>Executive Vice President</b>			
Telephone number or Authorized Officer. ( 706 ) 965 1253 ext. ____			
Study Area Code of Reporting Carrier	<b>220382</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>
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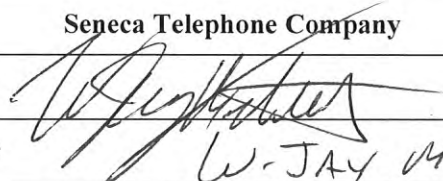
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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                      **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 ) 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.

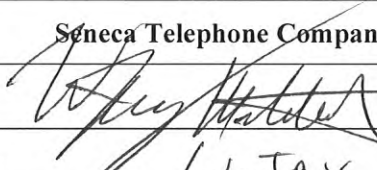
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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 of 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**

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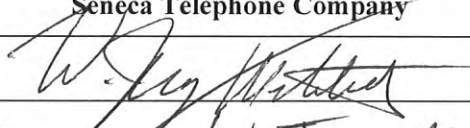
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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

**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**

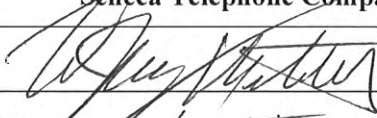
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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 **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**

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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

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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                      *Cindy Rothstein*                      Date                      *6/4/2020*

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	<b>230501</b>	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  
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

*Martin A Rubin*

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	<b>Smart City Telecommunications LLC d/b/a Smart City Telecom</b>
---------------------------	---

Signature of Authorized Officer	<i>Martin A Rubin</i>	Date	5/5/2020
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Printed name of Authorized Officer	Martin A. Rubin
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Title or position of Authorized Officer	President & CEO
---	-----------------

Telephone number or Authorized Officer.	( 407 ) 828-6656 ext. _ _ _ _
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Study Area Code of Reporting Carrier	<b>210330</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier	<b>Smart City Telecommunications LLC d/b/a Smart City Telecom</b>
---------------------------	---

Signature of Authorized Officer	<i>Martin A Rubin</i>	Date 5/5/2020
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Printed name of Authorized Officer	Martin A. Rubin
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Title or position of Authorized Officer	President & CEO
---	-----------------

Telephone number or Authorized Officer.	( 407 ) 828-6656 ext. _ _ _ _
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Study Area Code of Reporting Carrier	210330		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>Smart City Telecommunications LLC d/b/a Smart City Telecom</b>			
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	<b>210330</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>
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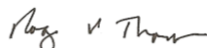
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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                      **Smithville Telephone Company, Inc.**

Signature of Authorized Officer



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**

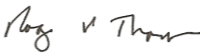
Filing Due Date for this form  
(mm/dd/yyyy)

06/16/2020

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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>Smithville Telephone Company, Inc.</b>			
Signature of Authorized Officer			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	<b>280467</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                      **Smithville Telephone Company, Inc.**

Signature of Authorized Officer

*Rog V Thompson*

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

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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                      **Smithville Telephone Company, Inc.**

Signature of Authorized Officer

*Rog V. Thompson*

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**

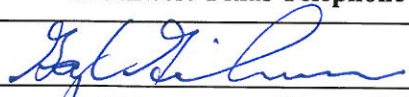
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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	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

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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 **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)

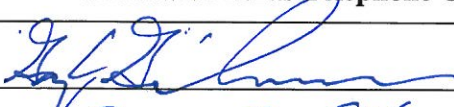
**06/16/2020**

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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		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
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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                      **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

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

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	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
<small>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.</small>			

**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

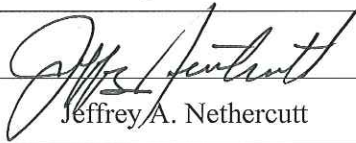
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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                      **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

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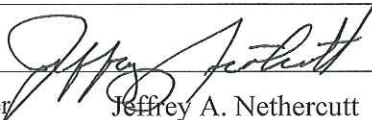


**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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                      **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**

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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	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.

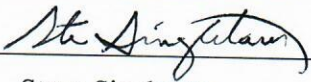
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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	<b>Taylor Telephone Cooperative, Inc.</b>		
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
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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>Taylor Telephone Cooperative, Inc.</b>		
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

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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>Taylor Telephone Cooperative, Inc.</b>		
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		
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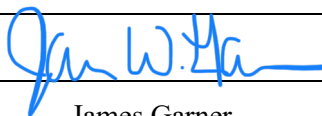
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

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**

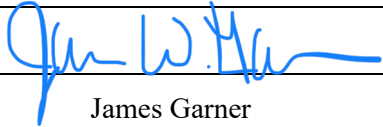
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Name of Reporting Carrier		<b>Bay Springs Telephone Company</b>	
Signature of Authorized Officer			Date 05/22/2020
Printed name of Authorized Officer		James Garner	
Title or position of Authorized Officer		Vice President of Operations	
Telephone number or Authorized Officer.		(601) 354-9070	
Study Area Code of Reporting Carrier	<b>280446</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020
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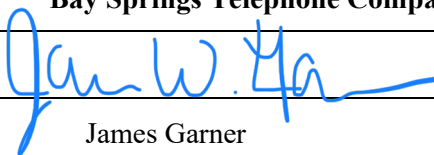


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Name of Reporting Carrier **Bay Springs Telephone Company**

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

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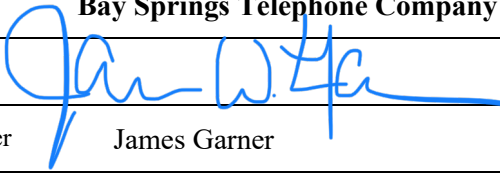
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Name of Reporting Carrier

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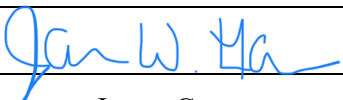
Telephone number of Authorized Officer.	(601) 354-9070
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Study Area Code of Reporting Carrier	<b>290561</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	
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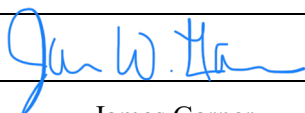
Name of Reporting Carrier		<b>Crockett Telephone Company</b>	
Signature of Authorized Officer			Date 05/22/2020
Printed name of Authorized Officer		James Garner	
Title or position of Authorized Officer		Vice President of Operations	
Telephone number or Authorized Officer.		(601) 354-9070	
Study Area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

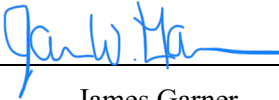
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Name of Reporting Carrier                      **Crockett Telephone Company**

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

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