

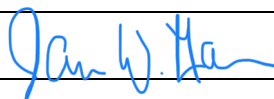
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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	National Telephone Company of Alabama
---------------------------	---------------------------------------

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
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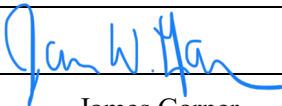
Telephone number of Authorized Officer.	(601) 354-9070
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Study Area Code of Reporting Carrier	250286		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	
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Persons willfully making false statements 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	<b>National Telephone Company of Alabama</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>250286</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>National Telephone Company of Alabama</b>
---------------------------	--

Signature of Authorized Officer		Date	05/22/2020
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Printed name of Authorized Officer	<b>James Garner</b>
------------------------------------	---------------------

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

Telephone number or Authorized Officer.	<b>(601) 354-9070</b>
---	-----------------------

Study Area Code of Reporting Carrier	<b>250286</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>National Telephone Company of Alabama</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	250286		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>Peoples Telephone Company</b>
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Signature of Authorized Officer		Date	05/22/2020
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Printed name of Authorized Officer	James Garner
------------------------------------	--------------

Title or position of Authorized Officer	Vice President of Operations
---	------------------------------

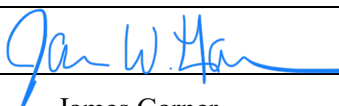
Telephone number or Authorized Officer.	(601) 354-9070
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Study Area Code of Reporting Carrier	<b>290576</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

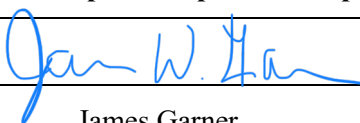
Name of Reporting Carrier	<b>Peoples Telephone Company</b>			
Signature of Authorized Officer			Date	05/22/2020
Printed name of Authorized Officer	James Garner			
Title or position of Authorized Officer	Vice President of Operations			
Telephone number or Authorized Officer.	(601) 354-9070			
Study Area Code of Reporting Carrier	<b>290576</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      **Peoples 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

**290576**

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

06/16/2020

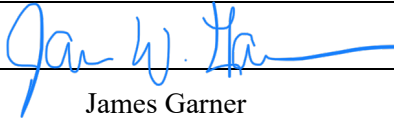
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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                      **Peoples 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

**290576**

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)
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Name of Reporting Carrier	<b>Roanoke Telephone Company, Inc.</b>
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Signature of Authorized Officer		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
---	------------------------------

Telephone number of Authorized Officer.	(601) 354-9070
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Study Area Code of Reporting Carrier	<b>250317</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	
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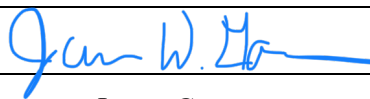
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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 **Roanoke Telephone Company, Inc.**

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

**250317**

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

06/16/2020

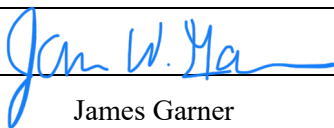
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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                      **Roanoke Telephone Company, Inc.**

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

**250317**

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

06/16/2020

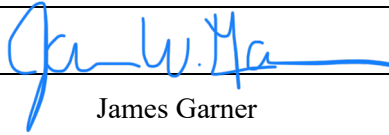
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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 **Roanoke Telephone Company, Inc.**

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

**250317**

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>West Tennessee Telephone Company, Inc.</b>
---------------------------	---

Signature of Authorized Officer		Date	05/22/2020
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Printed name of Authorized Officer	James Garner
------------------------------------	--------------

Title or position of Authorized Officer	Vice President of Operations
---	------------------------------

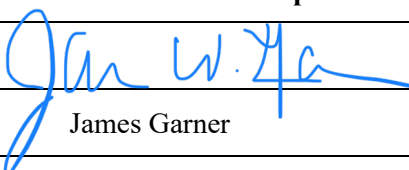
Telephone number of Authorized Officer.	(601) 354-9070
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Study Area Code of Reporting Carrier	<b>290583</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

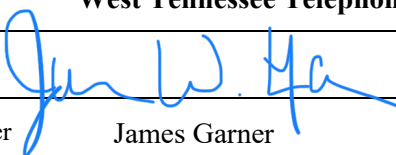
Name of Reporting Carrier	<b>West Tennessee Telephone Company, Inc.</b>			
Signature of Authorized Officer			Date	05/22/2020
Printed name of Authorized Officer	James Garner			
Title or position of Authorized Officer	Vice President of Operations			
Telephone number or Authorized Officer.	(601) 354-9070			
Study Area Code of Reporting Carrier	<b>290583</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 **West Tennessee Telephone Company, Inc.**

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

**290583**

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

06/16/2020

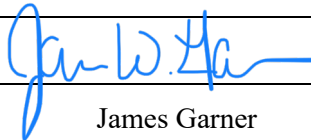
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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                      **West Tennessee Telephone Company, Inc.**

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

**290583**

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

**06/16/2020**

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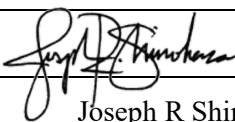
**Certification of Officer  
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**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities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

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

Name of Reporting Carrier                      **TeleGuam Holdings, LLC**

Signature of Authorized Officer



Date  
05/21/2020

Printed name of Authorized Officer                      Joseph R Shinohara

Title or position of Authorized Officer                      Chief Financial Officer

Telephone number of Authorized Officer.                      ( \_671) 644-1653\_ ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**663800**

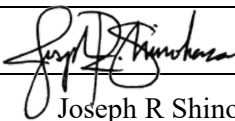
Filing Due Date for this form  
(mm/dd/yyyy)

06/16/2020

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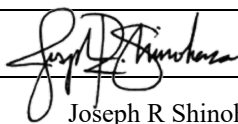
Name of Reporting Carrier	<b>TeleGuam Holdings, LLC</b>			
Signature of Authorized Officer			Date	05/21/2020
Printed name of Authorized Officer	Joseph R Shinohara			
Title or position of Authorized Officer	Chief Financial Officer			
Telephone number or Authorized Officer.	( 671) 644-1653 _ ext. _ _ _ _			
Study Area Code of Reporting Carrier	<b>663800</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**

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Name of Reporting Carrier                      **TeleGuam Holdings, LLC**

Signature of Authorized Officer



Date

05/21/2020

Printed name of Authorized Officer

Joseph R Shinohara

Title or position of Authorized Officer

Chief Financial Officer

Telephone number or Authorized  
Officer.

( 671 ) 644-1653 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**663800**

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

06/16/2020

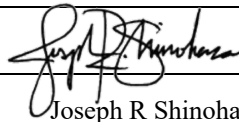
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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                      **TeleGuam Holdings, LLC**

Signature of Authorized Officer



Date

**05/21/2020**

Printed name of Authorized Officer

Joseph R Shinohara

Title or position of Authorized Officer

Chief Financial Officer

Telephone number or Authorized  
Officer.

( 671 ) 644-1653      ext.     

Study Area Code of Reporting Carrier

**663800**

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

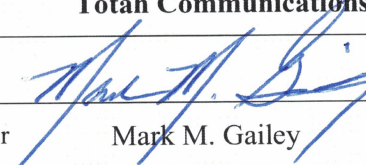
**06/16/2020**

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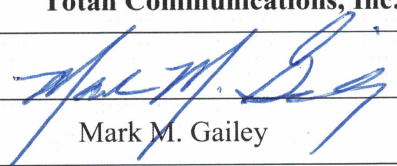
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to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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	Totah Communications, Inc.				
Signature of Authorized Officer				Date 06-05-2020	
Printed name of Authorized Officer	Mark M. Gailey				
Title or position of Authorized Officer	President & G.M.				
Telephone number or Authorized Officer.	( 918 ) 535-2208 ext. _ _ _ _				
Study Area Code of Reporting Carrier	432030- OK		Filing Due Date for this form (mm/dd/yyyy)	06/16/2020	
	412030- KS				
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.					

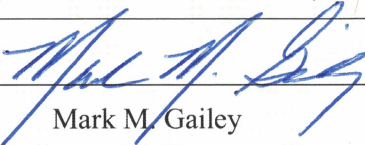
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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>Totah Communications, Inc.</b>	
Signature of Authorized Officer			
Printed name of Authorized Officer		Mark M. Gailey	
Title or position of Authorized Officer		President & G.M.	
Telephone number of Authorized Officer.		( 918 ) 535-2208 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>432030-OK</b> <b>412030-KS</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.			

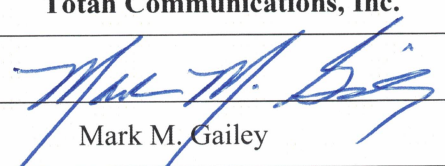
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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>Totah Communications, Inc.</b>	
Signature of Authorized Officer			
Printed name of Authorized Officer		Mark M. Gailey	
Title or position of Authorized Officer		President & G.M.	
Telephone number or Authorized Officer.		( 918 ) 535-2208 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>432030-OK</b>  <b>412030-KS</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>Totah Communications, Inc.</b>	
Signature of Authorized Officer			
Printed name of Authorized Officer		Mark M. Gailey	
Title or position of Authorized Officer		President & G.M.	
Telephone number or Authorized Officer.		( 918 ) 535-2208 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>432030-OK</b> <b>412030-KS</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  
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                      **Tri County Telephone Association, Inc.**

Signature of Authorized Officer

*Paula Riley*

Date

*5/13/2020*

Printed name of Authorized Officer

*Paula Riley*

Title or position of Authorized Officer

*Controller*

Telephone number of Authorized Officer.

*(307) 568 2427 ext. 8231*

Study Area Code of Reporting Carrier

**512296**

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>Tri County Telephone Association, Inc.</b>
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Signature of Authorized Officer	<i>Paula Riley</i>	Date	<i>5/13/2020</i>
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Printed name of Authorized Officer	<i>Paula Riley</i>
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Title or position of Authorized Officer	<i>Controller</i>
---	-------------------

Telephone number or Authorized Officer.	<i>(307) 568 2427 ext. 8231</i>
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Study Area Code of Reporting Carrier	<b>512296</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer 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 **Tri County Telephone Association, Inc.**

Signature of Authorized Officer

*Paula Riley*

Date

*5/13/2020*

Printed name of Authorized Officer

*Paula Riley*

Title or position of Authorized Officer

*Controller*

Telephone number of Authorized Officer.

*(307) 568 2427 ext. 8231*

Study Area Code of Reporting Carrier

**512296**

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 **Tri County Telephone Association, Inc.**

Signature of Authorized Officer

*Paula Riley*

Date

*5/13/2020*

Printed name of Authorized Officer

*Paula Riley*

Title or position of Authorized Officer

*Controller*

Telephone number or Authorized Officer.

*(307) 568 2427 ext. 8231*

Study Area Code of Reporting Carrier

**512296**

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                      **Tri-County Telephone Company, Inc.**

Signature of Authorized Officer

*Robert Mouser*

Date

*5/20/20*

Printed name of Authorized Officer

*ROBERT MOUSER*

Title or position of Authorized Officer

*VICE PRESIDENT*

Telephone number of Authorized Officer.

( 870 ) 429 1116 ext.     

Study Area Code of Reporting Carrier

**401726**

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                      **Tri-County Telephone Company, Inc.**

Signature of Authorized Officer

*Robert Mouser*

Date

*5/20/20*

Printed name of Authorized Officer

*ROBERT MOUSER*

Title or position of Authorized Officer

*VICE PRESIDENT*

Telephone number of Authorized Officer.

*( 820 ) 429 1116* ext. *----*

Study Area Code of Reporting Carrier

**401726**

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                      **Tri-County Telephone Company, Inc.**

Signature of Authorized Officer

*Robert Mouser*

Date

*5/20/20*

Printed name of Authorized Officer

*ROBERT MOUSER*

Title or position of Authorized Officer

*VICE PRESIDENT*

Telephone number of Authorized Officer.

*( 870 ) 429 1114 ext. \_ \_ \_ \_*

Study Area Code of Reporting Carrier

**401726**

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	Tri-County Telephone Company, Inc.
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Signature of Authorized Officer	Date
---------------------------------	------

*Robert Mouser*

*5/20/20*

Printed name of Authorized Officer
------------------------------------

*ROBERT MOUSER*

Title or position of Authorized Officer
---

*VICE PRESIDENT*

Telephone number of Authorized Officer.
---

*( 870 ) 429 1116 ext. \_ \_ \_ \_*

Study Area Code of Reporting Carrier	401726	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)
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Name of Reporting Carrier	<b>Chester Telephone Company d/b/a TruVista Communications</b>
---------------------------	--

Signature of Authorized Officer		Date 5-28-2020
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Printed name of Authorized Officer	Eric Ramey
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Title or position of Authorized Officer	Sr. Director – Administration & Regulatory Affairs
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Telephone number of Authorized Officer.	(803) 581-9152
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Study Area Code of Reporting Carrier	<b>240516</b>		Filing Due Date for this form	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	<b>Chester Telephone Company d/b/a TruVista Communications</b>
---------------------------	--

Signature of Authorized Officer	<i>Eric Ramey</i>	Date: 5-28-2020
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Printed name of Authorized Officer	<b>Eric Ramey</b>
------------------------------------	-------------------

Title or position of Authorized Officer	<b>Sr. Director - Administration &amp; Regulatory Affairs</b>
---	---

Telephone number or Authorized Officer.	<b>(803) 581-9152</b>
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Study Area Code of Reporting Carrier	<b>240516</b>		Filing Due Date for this form	<b>06/16/2020</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer 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>Chester Telephone Company d/b/a TruVista Communications</b>
---------------------------	--

Signature of Authorized Officer		Date: 5-28-2020
---------------------------------	---	-----------------

Printed name of Authorized Officer	<b>Eric Ramey</b>
------------------------------------	-------------------

Title or position of Authorized Officer	<b>Sr. Director - Administration &amp; Regulatory Affairs</b>
---	---

Telephone number or Authorized Officer.	<b>(803) 581-9152</b>
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Study Area Code of Reporting Carrier	<b>240516</b>		Filing Due Date for this form	<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>Chester Telephone Company d/b/a TruVista Communications</b>
---------------------------	--

Signature of Authorized Officer		Date: 5-28-2020
---------------------------------	---	-----------------

Printed name of Authorized Officer	<b>Eric Ramey</b>
------------------------------------	-------------------

Title or position of Authorized Officer	<b>Sr. Director - Administration &amp; Regulatory Affairs</b>
---	---

Telephone number or Authorized Officer.	<b>(803) 581-9152</b>
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Study Area Code of Reporting Carrier	<b>240516</b>		Filing Due Date for this form	<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)
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Name of Reporting Carrier	<b>Lockhart Telephone Company d/b/a TruVista Communications</b>
---------------------------	---

Signature of Authorized Officer		Date: 5-28-2020
---------------------------------	---	-----------------

Printed name of Authorized Officer	Eric Ramey
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Title or position of Authorized Officer	Sr. Director – Administration & Regulatory Affairs
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Telephone number of Authorized Officer.	(803) 581-9152
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Study Area Code of Reporting Carrier	<b>240532</b>		Filing Due Date for this form	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	<b>Lockhart Telephone Company d/b/a TruVista Communications</b>			
Signature of Authorized Officer			Date	
Printed name of Authorized Officer	Eric Ramey			
Title or position of Authorized Officer	Sr. Director – Administration & Regulatory Affairs			
Telephone number or Authorized Officer.	(803) 581-9152			
Study Area Code of Reporting Carrier	<b>240532</b>		Filing Due Date for this form	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>Lockhart Telephone Company d/b/a TruVista Communications</b>
---------------------------	---

Signature of Authorized Officer		Date: 5-28-2020
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Printed name of Authorized Officer	<b>Eric Ramey</b>
------------------------------------	-------------------

Title or position of Authorized Officer	<b>Sr. Director – Administration &amp; Regulatory Affairs</b>
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Telephone number or Authorized Officer.	<b>(803) 581-9152</b>
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Study Area Code of Reporting Carrier	<b>240532</b>		Filing Due Date for this form	<b>06/16/2020</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer 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>Lockhart Telephone Company d/b/a TruVista Communications</b>		
Signature of Authorized Officer		Date	
Printed name of Authorized Officer	Eric Ramey		
Title or position of Authorized Officer	Sr. Director – Administration & Regulatory Affairs		
Telephone number or Authorized Officer.	(803) 581-9152		
Study Area Code of Reporting Carrier	<b>240532</b>	Filing Due Date for this form	<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	<b>Ridgeway Telephone Company d/b/a TruVista Communications</b>
---------------------------	---

Signature of Authorized Officer		Date: 5-28-2020
---------------------------------	---	-----------------

Printed name of Authorized Officer	Eric Ramey
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Title or position of Authorized Officer	Sr. Director – Administration & Regulatory Affairs
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Telephone number of Authorized Officer.	(803) 581-9152
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Study Area Code of Reporting Carrier	<b>240541</b>		Filing Due Date for this form	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	<b>Ridgeway Telephone Company d/b/a TruVista Communications</b>				
Signature of Authorized Officer		Date: 5-28-2020			
Printed name of Authorized Officer	Eric Ramey				
Title or position of Authorized Officer	Sr. Director – Administration & Regulatory Affairs				
Telephone number or Authorized Officer.	(803) 581-9152				
Study Area Code of Reporting Carrier	<b>240541</b>		Filing Due Date for this form	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>Ridgeway Telephone Company d/b/a TruVista Communications</b>
---------------------------	---

Signature of Authorized Officer		Date: 5-28-2020
---------------------------------	---	-----------------

Printed name of Authorized Officer	<b>Eric Ramey</b>
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Title or position of Authorized Officer	<b>Sr. Director – Administration &amp; Regulatory Affairs</b>
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Telephone number or Authorized Officer.	<b>(803) 581-9152</b>
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Study Area Code of Reporting Carrier	<b>240541</b>		Filing Due Date for this form	<b>06/16/2020</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer 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>Ridgeway Telephone Company d/b/a TruVista Communications</b>
---------------------------	---

Signature of Authorized Officer	<i>Eric Ramey</i>	Date: 5-28-2020
---------------------------------	-------------------	-----------------

Printed name of Authorized Officer	<b>Eric Ramey</b>
------------------------------------	-------------------

Title or position of Authorized Officer	<b>Sr. Director – Administration &amp; Regulatory Affairs</b>
---	---

Telephone number or Authorized Officer.	<b>(803) 581-9152</b>
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Study Area Code of Reporting Carrier	<b>240541</b>		Filing Due Date for this form	<b>06/16/2020</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



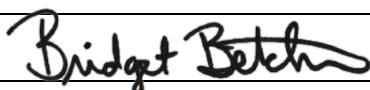
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **Twin Lakes Telephone Cooperative Corp.**

Signature of Authorized Officer



Date

06/04/2020

Printed name of Authorized Officer

Bridget Betcher

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

( 9 3 1 ) 4 0 5 3 2 1 9 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**290579**


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>Twin Lakes Telephone Cooperative Corp.</b>			
Signature of Authorized Officer			Date	06/04/2020
Printed name of Authorized Officer	Bridget Betcher			
Title or position of Authorized Officer	CFO			
Telephone number or Authorized Officer.	( 9 3 1 ) 4 0 5 3 2 1 9 ext. _ _ _ _			
Study Area Code of Reporting Carrier	290579		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>Twin Lakes Telephone Cooperative Corp.</b>				
Signature of Authorized Officer				Date	06/04/2020
Printed name of Authorized Officer	Bridget Betcher				
Title or position of Authorized Officer	CFO				
Telephone number or Authorized Officer.	( 9 3 1 ) 4 0 5 3 2 1 9 ext. _ _ _ _				
Study Area Code of Reporting Carrier	290579		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**

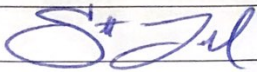
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Twin Lakes Telephone Cooperative Corp.</b>		
Signature of Authorized Officer		Date	06/04/2020
Printed name of Authorized Officer	Bridget Betcher		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	( 9 3 1 ) 4 0 5 3 2 1 9 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>290579</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	Twin Valley Telephone, Inc.		
Signature of Authorized Officer		Date	6/10/20
Printed name of Authorized Officer	Scott Leitzel		
Title or position of Authorized Officer	Chief Operating Officer		
Telephone number of Authorized Officer.	( 785 ) 427-2211		
Study Area Code of Reporting Carrier	411840	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).

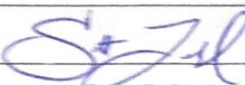
Name of Reporting Carrier	Twin Valley Telephone, Inc.		
Signature of Authorized Officer		Date	6/10/20
Printed name of Authorized Officer	Scott Leitzel		
Title or position of Authorized Officer	Chief Operating Officer		
Telephone number of Authorized Officer.	( 785 ) 427-2211		
Study Area Code of Reporting Carrier	411840	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

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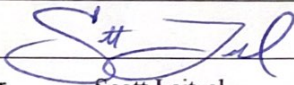
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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	Twin Valley Telephone, Inc.		
Signature of Authorized Officer		Date	6/10/20
Printed name of Authorized Officer	Scott Leitzel		
Title or position of Authorized Officer	Chief Operating Officer		
Telephone number of Authorized Officer	( 785 ) 427-2211		
Study Area Code of Reporting Carrier	411840	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	Twin Valley Telephone, Inc.		
Signature of Authorized Officer			Date 6/10/20
Printed name of Authorized Officer	Scott Leitzel		
Title or position of Authorized Officer	Chief Operating Officer		
Telephone number of Authorized Officer.	( 785 ) 427-2211		
Study Area Code of Reporting Carrier	411840	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.			