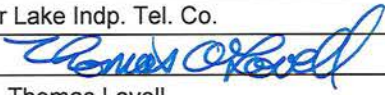


TO BE COMPLETED BY THE REPORTING CARRIER,

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				Clear Lake Indp. Tel. Co.	
Signature of Authorized Officer					
Date			6/2/2020		
Printed name of Authorized Officer					
Thomas Lovell					
Title or position of Authorized Officer					
General Manager/Vice President					
Telephone number of Authorized Officer: (641) 357-2111 ext.					
Study Area Code of Reporting Carrier		351132		Filing Due Date for this form (mm/dd/yyyy)	
				06/16/2020	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Clear Lake Indp. Tel. Co.

Signature of authorized officer

Thomas Lovell

Date

6/2/2020

Printed name of authorized officer Thomas Lovell

Title or position of authorized officer General Manager/Vice President

Telephone number of authorized officer: (641) 357-2111, ext.

Study Area Code of Reporting Carrier

351132

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, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier			
I certify that (Name of Agent) <u>TCA, Inc</u> is authorized to submit the 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 <u>TCA, Inc</u>			
Name of Reporting Carrier <u>Clear Lake Indp. Tel. Co.</u>			
Signature of Authorized Officer <u>Thomas Lovell</u>			Date <u>6/2/2020</u>
Printed name of Authorized Officer <u>Thomas Lovell</u>			
Title or position of Authorized Officer <u>General Manager/Vice President</u>			
Telephone number of Authorized Officer: <u>(641) 357-2111</u> ext. _____			
Study Area Code of Reporting Carrier	<u>351132</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>06/16/2020</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	Clear Lake Indp. Tel. Co.		
Signature of authorized officer		Date	6/2/2020
Printed name of authorized officer	Thomas Lovell		
Title or position of authorized officer	General Manager/Vice President		
Telephone number of authorized officer:	(641) 357-2111 ext.		
Study Area Code of Reporting Carrier	351132	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.			