

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) TCA, Inc 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 TCA, Inc

Name of Reporting Carrier UTC - TN dba United Communications

Signature of Authorized Officer



Date

6/15/2020

Printed name of Authorized Officer Kristin Jackson

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer: (931) 364-4325, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

290581

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.

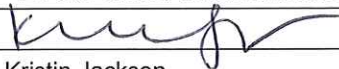
TO BE COMPLETED BY THE REPORTING CARRIER,

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 UTC - TN dba United Communications

Signature of Authorized Officer



Date

6/15/2020

Printed name of Authorized Officer Kristin Jackson

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer: (931) 364-4325 ext.

Study Area Code of Reporting Carrier

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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).

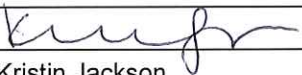
Name of Reporting Carrier <b>UTC - TN dba United Communications</b>			
Signature of authorized officer 		Date	<b>6/15/2020</b>
Printed name of authorized officer <b>Kristin Jackson</b>			
Title or position of authorized officer <b>CFO</b>			
Telephone number of authorized officer: <b>(931) 364-4325</b> ext.			
Study Area Code of Reporting Carrier	<b>280581</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2020</b>

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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	UTC - TN dba United Communications		
Signature of authorized officer		Date	6/15/2020
Printed name of authorized officer	Kristin Jackson		
Title or position of authorized officer	CFO		
Telephone number of authorized officer:	{931} 364-4325		
Study Area Code of Reporting Carrier	290581	Filing Due Date for this form (mm/dd/yyyy)	06/16/2020

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