

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) Moss Adams LLP 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 Agent: Moss Adams LLP

Address: _____

Name of Officer: Peter Louwiers Title: _____

Address: _____

Address: _____

Address: _____

City/State/Zip: _____	Effective Date: <u>06/24/2020</u>
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I hereby certify that the information provided is true and correct to the best of my knowledge and belief.

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

Signature of Authorized Officer

Peter Louwiers

Date

Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number of Authorized Officer: (_ _ _) _ _ _ - _ _ _ _ , ext. _ _ _ _ _

Study Area Code of Reporting Carrier

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

06/24/2020

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

Signature of authorized officer

Peter Louwiers

Date

Printed name of authorized officer

Title or position of authorized officer

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

Study Area Code of Reporting Carrier

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

06/24/2020

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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).

Carrier Name (Print):

Carrier Address (Print):

Peter Louviere

Office:

Carrier Phone (Print):

Carrier Fax (Print):

Carrier Email (Print):

Carrier Name (Print):

CAF/ICC Application #

06/24/2020

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CERTIFICATION

I am the _____ of _____

I hereby certify that I have reviewed the preparation of all data supporting
_____ June 24, 2020 Interstate Access Tariff

Filing, and that I am authorized to execute this certification. Based upon information provided to me by employees responsible for the preparation of, or for supervision of the preparation of, the data submitted in support of the rates contained in the proposed tariff, I hereby certify that the data have been examined and reviewed and are true, correct and complete.

Date: June 14, 2020

Peter Louwiers

(Signature)

Printed Name

(Title)