

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 **Smithville Communications, Inc.**

Signature of authorized officer

Darby A. McCarty

Date

05/26/2021

Printed name of authorized officer

Darby A. McCarty

Title or position of authorized officer

CEO

Telephone number of authorized officer:

(812) 876-2211

Study Area Code of Reporting Carrier

320818

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

05/16/2021

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 **Smithville Communications, Inc.**

Signature of Authorized Officer  Date **05/26/2021**

Printed name of Authorized Officer **Darby A. McCarty**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer: **(812) 876-2211** ext.

Study Area Code of Reporting Carrier **320818** Filing Due Date for this form (mm/dd/yyyy) **06/16/2021**

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				Smithville Communications, Inc.	
Signature of authorized officer				Date	05/26/2021
Printed name of authorized officer		Darby A. McCarty			
Title or position of authorized officer		CEO			
Telephone number of authorized officer:		(812) 876-2211			
Study Area Code of Reporting Carrier	320818	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021		
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.					