

**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	Blackfoot Telephone Cooperative, Inc.
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Signature of Authorized Officer <i>Stacey Mueller</i>	Date 6/10/2021
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Printed name of Authorized Officer	Stacey Mueller
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Title or position of Authorized Officer	Chief Financial Officer
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Telephone number or Authorized Officer.	(406) 541 5424 ext. _ _ _ _
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Study Area Code of Reporting Carrier	482235		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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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	Blackfoot Telephone Cooperative, Inc.
---------------------------	--

Signature of Authorized Officer	Date
---------------------------------	------

Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number or Authorized Officer.

(_ _ _) _ _ _ _ _ _ _ _ ext. _ _ _ _

Study Area Code of Reporting Carrier	482235		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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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 **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer

Date

Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number or Authorized
Officer.

(_ _ _ _) _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

482235

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

06/16/2021

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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	Blackfoot Telephone Cooperative, Inc.
---------------------------	--

Signature of Authorized Officer	Date
---------------------------------	------

Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number or Authorized Officer.

(_ _ _) _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier	482235	<div></div>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	<div></div>
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to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

Name of Reporting Carrier **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer

Stacey Mueller

Date 6/10/2021

Printed name of Authorized Officer

Stacey Mueller

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(406) 541 5424 ext. _ _ _ _

Study Area Code of Reporting Carrier

483308

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

06/16/2021

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Name of Reporting Carrier	Blackfoot Telephone Cooperative, Inc.
---------------------------	--

Signature of Authorized Officer	Date
---------------------------------	------

Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number or Authorized Officer.

(_ _ _) _ _ _ _ _ _ _ _ ext. _ _ _ _

Study Area Code of Reporting Carrier	483308		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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Name of Reporting Carrier **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer

Date

Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number or Authorized
Officer.

(_ _ _ _) _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

483308

Filing Due Date for this form
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Name of Reporting Carrier	Blackfoot Telephone Cooperative, Inc.
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Signature of Authorized Officer	Date
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Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number or Authorized Officer.

(_ _ _) _ _ _ _ _ ext. _ _ _ _ _

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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 **Bluffton Telephone Company**

Signature of Authorized Officer



Date
June 8, 2021

Printed name of Authorized Officer David H. Armistead

Title or position of Authorized Officer SVP, Hargray

Telephone number of Authorized Officer. (843) 686-1275 ext. _ _ _ _

Study Area Code of Reporting Carrier

240512

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

06/16/2021

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

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Name of Reporting Carrier **Bluffton Telephone Company**

Signature of Authorized Officer



Date
June 8, 2021

Printed name of Authorized Officer **David H. Armistead**

Title or position of Authorized Officer **SVP, Hargray**

Telephone number or Authorized
Officer.

(843) 686-1275 ext. _ _ _ _

Study Area Code of Reporting Carrier

240512

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

06/16/2021

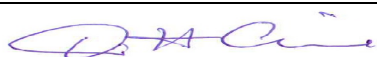
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Name of Reporting Carrier **Bluffton Telephone Company**

Signature of Authorized Officer



Date

June 8, 2021

Printed name of Authorized Officer David H. Armistead

Title or position of Authorized Officer SVP, Hargray

Telephone number or Authorized
Officer.

(843) 686-1275 ext. _ _ _ _

Study Area Code of Reporting Carrier

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Filing Due Date for this form
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06/16/2021

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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 **Bluffton Telephone Company**

Signature of Authorized Officer



Date

June 8, 2021

Printed name of Authorized Officer David H. Armistead

Title or position of Authorized Officer SVP, Hargray

Telephone number or Authorized
Officer.

(843) 686-1275 ext. _ _ _ _

Study Area Code of Reporting Carrier

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06/16/2021

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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 **Chazy & Westport Telephone Corporation**

Signature of Authorized Officer



Date

6/10/2021

Printed name of Authorized Officer

Lou Silvestre

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

(518) 962 4404 ext. _ _ _ _

Study Area Code of Reporting Carrier

150079

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

06/16/2021

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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 **Chazy & Westport Telephone Corporation**

Signature of Authorized Officer



Date

6/16/2021

Printed name of Authorized Officer

Lou Silvestre

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(518) 962 4404 ext. _ _ _ _

Study Area Code of Reporting Carrier

150079


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

06/16/2021

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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		Chazy & Westport Telephone Corporation	
Signature of Authorized Officer		Date	<u>6/10/2021</u>
Printed name of Authorized Officer	<u>LOU SILVESTRE</u>		
Title or position of Authorized Officer	<u>CFO</u>		
Telephone number of Authorized Officer.	<u>(518) 962 4404</u> ext. <u> </u>		
Study Area Code of Reporting Carrier	150079	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.			

**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 **Chazy & Westport Telephone Corporation**

Signature of Authorized Officer



Date

6/10/2021

Printed name of Authorized Officer

Lou Silvestre

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(518) 962 4404 ext.

Study Area Code of Reporting Carrier

150079

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

06/16/2021

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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 **Chesnee Telephone Company, Inc. d/b/a Chesnee Communications**

Signature of Authorized Officer

Kimberly Shepherd

Date

6/9/2021

Printed name of Authorized Officer

Kimberly Shepherd

Title or position of Authorized Officer

Chief Executive Officer

Telephone number or Authorized Officer.

330.876-1113 ext. _____

Study Area Code of Reporting Carrier

240515

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

06/16/2021

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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 **Chesnee Telephone Company, Inc. d/b/a Chesnee Communications**

Signature of Authorized Officer

Kimberly Shepherd

Date

6/9/2021

Printed name of Authorized Officer

Kimberly Shepherd

Title or position of Authorized Officer

Chief Executive Officer

Telephone number or Authorized Officer.

864-466-1113 ext. *----*

Study Area Code of Reporting Carrier

240515

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

06/16/2021

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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 **Chesnee Telephone Company, Inc. d/b/a Chesnee Communications**

Signature of Authorized Officer

Kimberly Shepherd

Date

6/9/2021

Printed name of Authorized Officer

Kimberly Shepherd

Title or position of Authorized Officer

Chief Executive Officer

Telephone number or Authorized Officer.

810-616-6163 ext. *----*

Study Area Code of Reporting Carrier

240515

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

06/16/2021

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications		
Signature of Authorized Officer		Date	06/09/2021
Printed name of Authorized Officer	Kimberly Shepherd		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number of Authorized Officer.	360-416-1163 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240515	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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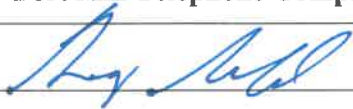
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Fort Mill Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date 06/03/2021

Printed name of Authorized Officer Greg Lunsford

Title or position of Authorized Officer Vice President – Regulatory Affairs

Telephone number of Authorized Officer. (803) 326-7170 _ _ _ _ ext. _ _ _ _

Study Area Code of Reporting Carrier

240521

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

06/16/2021

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

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Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communications		
Signature of Authorized Officer		Date	06/03/2021
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	(803) 326-7170 _ _ _ _ _ ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	240521	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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

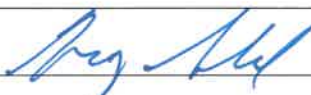


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Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communications		
Signature of Authorized Officer		Date	06/03/2021
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	(803) _326-7170 _ _ _ _ ext. _ _ _ _		
Study Area Code of Reporting Carrier	240521	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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

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Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communications				
Signature of Authorized Officer				Date 06/03/2021	
Printed name of Authorized Officer	Greg Lunsford				
Title or position of Authorized Officer	Vice President – Regulatory Affairs				
Telephone number or Authorized Officer.	(803) 326-7170 _ _ _ _ _ ext. _ _ _ _ _				
Study Area Code of Reporting Carrier	240521		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)				
Name of Reporting Carrier	Lancaster Telephone Company d/b/a Comporium Communications				
Signature of Authorized Officer				Date	06/03/2021
Printed name of Authorized Officer	Greg Lunsford				
Title or position of Authorized Officer	Vice President – Regulatory Affairs				
Telephone number of Authorized Officer.	(803) 326-7170 _ _ _ _ ext. _ _ _ _				
Study Area Code of Reporting Carrier	240531		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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Name of Reporting Carrier	Lancaster Telephone Company d/b/a Comporium Communications
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Signature of Authorized Officer		Date	06/03/2021
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Printed name of Authorized Officer	Greg Lunsford
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Title or position of Authorized Officer	Vice President – Regulatory Affairs
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Telephone number or Authorized Officer.	(803) 326-7170 _ _ _ _ _ ext. _ _ _ _ _
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Study Area Code of Reporting Carrier	240531		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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Name of Reporting Carrier	Lancaster Telephone Company d/b/a Comporium Communications		
Signature of Authorized Officer		Date	06/03/2021
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	(803) 326-7170 _ _ _ _ ext. _ _ _ _		
Study Area Code of Reporting Carrier	240531	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.

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	Lancaster Telephone Company d/b/a Comporium Communications				
Signature of Authorized Officer				Date	06/03/2021
Printed name of Authorized Officer	Greg Lunsford				
Title or position of Authorized Officer	Vice President – Regulatory Affairs				
Telephone number or Authorized Officer.	(_ 803) 326-7170 _ _ _ _ ext. _ _ _ _				
Study Area Code of Reporting Carrier	240531		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.					

**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 **Comporium, Inc.**

Signature of Authorized Officer



Date 06/03/2021

Printed name of Authorized Officer Greg Lunsford

Title or position of Authorized Officer Vice President – Regulatory Affairs

Telephone number or Authorized Officer. (803) 326-7170 _ _ _ _ ext. _ _ _ _

Study Area Code of Reporting Carrier

240542

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.

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 **Comporium, Inc.**

Signature of Authorized Officer



Date 06/03/2021

Printed name of Authorized Officer **Greg Lunsford**

Title or position of Authorized Officer **Vice President – Regulatory Affairs**

Telephone number or Authorized
Officer.

(**_803**) **_326-7170** _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

240542

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

06/16/2021

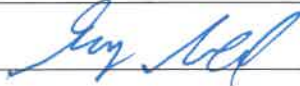
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Comporium, Inc.**

Signature of Authorized Officer



Date 06/03/2021

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803 _) _326-7170 _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

240542

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

06/16/2021

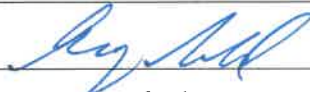
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Comporium, Inc.**

Signature of Authorized Officer



Date 06/03/2021

Printed name of Authorized Officer Greg Lunsford

Title or position of Authorized Officer Vice President – Regulatory Affairs

Telephone number or Authorized
Officer.

(803) 326-7170 _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

240542

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

06/16/2021

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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 **Citizens Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date 06/03/2021

Printed name of Authorized Officer Greg Lunsford

Title or position of Authorized Officer Vice President – Regulatory Affairs

Telephone number of Authorized Officer. (803) 326-7170 _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

230473


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.

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	Citizens Telephone Company d/b/a Comporium Communications			
Signature of Authorized Officer			Date	06/03/2021
Printed name of Authorized Officer	Greg Lunsford			
Title or position of Authorized Officer	Vice President – Regulatory Affairs			
Telephone number or Authorized Officer.	(803) 326-7170 _ _ _ _ ext. _ _ _ _			
Study Area Code of Reporting Carrier	230473		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.				

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	Citizens Telephone Company d/b/a Comporium Communications
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Signature of Authorized Officer		Date	06/03/2021
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Printed name of Authorized Officer	Greg Lunsford
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Title or position of Authorized Officer	Vice President – Regulatory Affairs
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Telephone number or Authorized Officer.	(803) _326-7170_ _ _ _ _ ext. _ _ _ _ _
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Study Area Code of Reporting Carrier	230473		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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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	Citizens Telephone Company d/b/a Comporium Communications		
Signature of Authorized Officer		Date	06/03/2021
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	(_803 _) _326-7170 _ _ _ _ ext. _ _ _ _		
Study Area Code of Reporting Carrier	230473	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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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 **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer



Date
June 8, 2021

Printed name of Authorized Officer David H. Armistead

Title or position of Authorized Officer SVP, Hargray

Telephone number of Authorized Officer. (843) 686-1275 ext. _ _ _ _

Study Area Code of Reporting Carrier

220369

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

06/16/2021

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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 **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer



Date

June 8, 2021

Printed name of Authorized Officer

David H. Armistead

Title or position of Authorized Officer

SVP, Hargray

Telephone number or Authorized
Officer.

(843) 686-1275 ext. _ _ _ _

Study Area Code of Reporting Carrier

220369

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

06/16/2021

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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 **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer



Date

June 8, 2021

Printed name of Authorized Officer David H. Armistead

Title or position of Authorized Officer SVP, Hargray

Telephone number or Authorized
Officer.

(843) 686-1275 ext. _ _ _ _

Study Area Code of Reporting Carrier

220369

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

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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 **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer



Date

June 8, 2021

Printed name of Authorized Officer David H. Armistead

Title or position of Authorized Officer SVP, Hargray

Telephone number or Authorized
Officer.

(843) 686-1275 ext. _ _ _ _

Study Area Code of Reporting Carrier

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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				Cross Tel. Co.	
Signature of Authorized Officer			Date		
Printed name of Authorized Officer			Date		
Title or position of Authorized Officer					
Telephone number or Authorized Officer.					
Study Area Code of Reporting Carrier		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.					

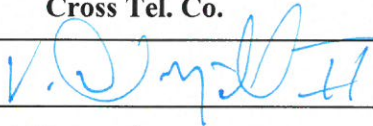
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

Cross Tel. Co.

Signature of Authorized Officer



Date

6/8/2021

Printed name of Authorized Officer

V David Miller II

Title or position of Authorized Officer

President

Telephone number or Authorized Officer.

(918) 463 2921 ext. 1242

Study Area Code of Reporting Carrier

431985

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.

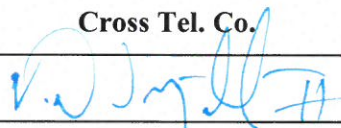
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Cross Tel. Co.**

Signature of Authorized Officer



Date

6/8/2021

Printed name of Authorized Officer

V. David Muller II

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

(918) 463 2921 ext. 1242

Study Area Code of Reporting Carrier

431985

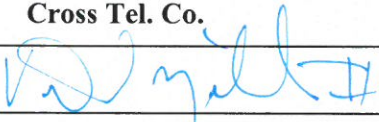
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

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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	Cross Tel. Co.		
Signature of Authorized Officer		Date	6/8/2021
Printed name of Authorized Officer	V. David Miller II		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	918) 463 2921 ext. 1242		
Study Area Code of Reporting Carrier	431985	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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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 **Eastex Telephone Cooperative, Inc.**

Signature of Authorized Officer *Steve Alexander* Date *6/3/21*

Printed name of Authorized Officer Steve Alexander

Title or position of Authorized Officer CFO

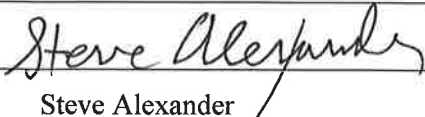
Telephone number of Authorized Officer. (903) 854 1000

Study Area Code of Reporting Carrier	442068		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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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	Eastex Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6/3/21
Printed name of Authorized Officer	Steve Alexander		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(903) 854 1000		
Study Area Code of Reporting Carrier	442068	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

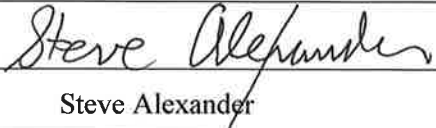
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier	Eastex Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6/3/21
Printed name of Authorized Officer	Steve Alexander		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(903) 854 1000		
Study Area Code of Reporting Carrier	442068	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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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	Eastex Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6/3/21
Printed name of Authorized Officer	Steve Alexander		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(903) 854 1000		
Study Area Code of Reporting Carrier	442068	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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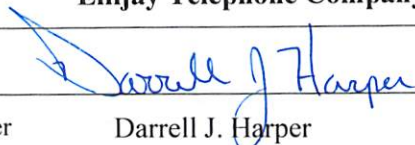
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Ellijay Telephone Company**

Signature of Authorized Officer



Date

6/7/2021

Printed name of Authorized Officer

Darrell J. Harper

Title or position of Authorized Officer

V.P. of Finance & Administration

Telephone number or Authorized Officer.

(706) 697 5519 ext. _ _ _ _

Study Area Code of Reporting Carrier

220360

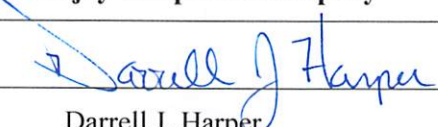
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

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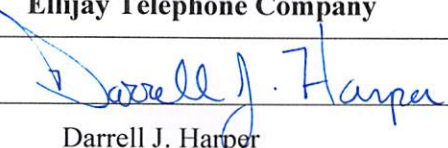
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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	Ellijay Telephone Company		
Signature of Authorized Officer		Date	6/7/2021
Printed name of Authorized Officer	Darrell J. Harper		
Title or position of Authorized Officer	V.P. of Finance & Administration		
Telephone number or Authorized Officer.	(706) 697 5519 ext. _ _ _ _		
Study Area Code of Reporting Carrier	220360	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.			

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).

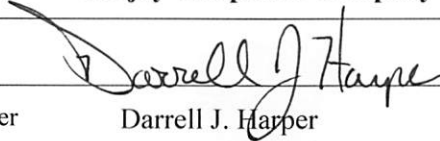
Name of Reporting Carrier	Ellijay Telephone Company			
Signature of Authorized Officer			Date	6/7/2021
Printed name of Authorized Officer	Darrell J. Harper			
Title or position of Authorized Officer	V.P. of Finance & Administration			
Telephone number of Authorized Officer.	(706) 697 5519 ext. _ _ _ _			
Study Area Code of Reporting Carrier	220360		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
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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 **Ellijay Telephone Company**

Signature of Authorized Officer



Date
6/7/2021

Printed name of Authorized Officer

Darrell J. Harper

Title or position of Authorized Officer

V.P. of Finance & Administration

Telephone number or Authorized
Officer.

(706) 697 5519 ext. _ _ _ _

Study Area Code of Reporting Carrier

220360

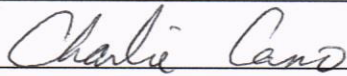
Filing Due Date for this form
(mm/dd/yyyy)

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.

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		Etex Telephone Cooperative, Inc.	
Signature of Authorized Officer			Date 6/3/2021
Printed name of Authorized Officer		Charlie Cano	
Title or position of Authorized Officer		CEO/General Manager	
Telephone number or Authorized Officer.		(903) 797-1186	
Study Area Code of Reporting Carrier	442070	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
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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 **Etex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Charlie Cano

Date

6/3/2021

Printed name of Authorized Officer

Charlie Cano

Title or position of Authorized Officer

CEO/General Manager

Telephone number of Authorized
Officer.

(903) 797-1186

Study Area Code of Reporting Carrier

442070

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

06/16/2021

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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 **Etex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Charlie Cano

Date

6/3/2021

Printed name of Authorized Officer

Charlie Cano

Title or position of Authorized Officer

CEO/General Manager

Telephone number of Authorized Officer.

(903) 797-1186

Study Area Code of Reporting Carrier

442070

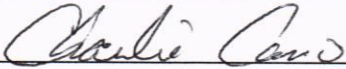
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2021

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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	Etex Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6/3/2021
Printed name of Authorized Officer	Charlie Cano		
Title or position of Authorized Officer	CEO/General Manager		
Telephone number of Authorized Officer.	(903) 797-1186		
Study Area Code of Reporting Carrier	442070	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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