

**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                      **Highland Telephone Cooperative**

Signature of Authorized Officer



Date 6/9/2021

Printed name of Authorized Officer  
Denise Waybright

Title or position of Authorized Officer  
Office Manager

Telephone number or Authorized Officer.                      ( 540 ) 468-2133 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**190237**

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 **Highland Telephone Cooperative**

Signature of Authorized Officer



Date 6/9/2021

Printed name of Authorized Officer  
Denise Waybright

Title or position of Authorized Officer  
Office Manager

Telephone number or Authorized  
Officer.

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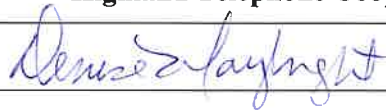
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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 **Highland Telephone Cooperative**

Signature of Authorized Officer



Date 6/9/2021

Printed name of Authorized Officer

Denise Waybright

Title or position of Authorized Officer

Office Manager

Telephone number or Authorized  
Officer.

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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 **Highland Telephone Cooperative**

Signature of Authorized Officer

*Denise Waybright*

Date 6/9/2021

Printed name of Authorized Officer

Denise Waybright

Title or position of Authorized Officer

Office Manager

Telephone number or Authorized Officer.

( 540 ) 468-2133 ext. \_ \_ \_ \_

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Home Telephone ILEC, d/b/a Home Telecom		
Signature of Authorized Officer			Date 6/4/2021
Printed name of Authorized Officer	Denny Thompson		
Title or position of Authorized Officer	Director of External Affairs		
Telephone number of Authorized Officer.	( 843 ) 761.9173 ext. _____		
Study Area Code of Reporting Carrier	240527	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
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Name of Reporting Carrier	Home Telephone ILEC, d/b/a Home Telecom		
Signature of Authorized Officer			Date 6/4/2021
Printed name of Authorized Officer	Denny Thompson		
Title or position of Authorized Officer	Director of External Affairs		
Telephone number of Authorized Officer.	( 843 ) 761.9173 ext. _____		
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Signature of Authorized Officer			Date 6/4/2021
Printed name of Authorized Officer	Denny Thompson		
Title or position of Authorized Officer	Director of External Affairs		
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Signature of Authorized Officer			Date 6/4/2021		
Printed name of Authorized Officer	Denny Thompson				
Title or position of Authorized Officer	Director of External Affairs				
Telephone number or Authorized Officer.	( 843 _ _ ) 761.9173 _ _ _ _ ext. _ _ _ _				
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

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

Signature of Authorized Officer



Date

6/9/2021

Printed name of Authorized Officer

Carlton Lewis

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(843) 365 2151 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

240528

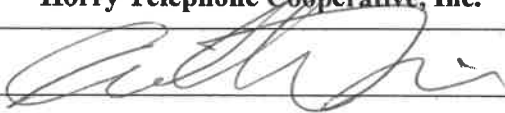
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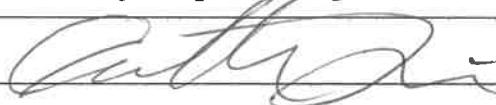
Name of Reporting Carrier		<b>Horry Telephone Cooperative, Inc.</b>	
Signature of Authorized Officer			Date <b>6/9/2021</b>
Printed name of Authorized Officer		<b>Carlton Lewis</b>	
Title or position of Authorized Officer		<b>CFO</b>	
Telephone number of Authorized Officer.		<b>( 8 4 3 ) 3 6 5 2 1 5 1 ext. _ _ _ _</b>	
Study Area Code of Reporting Carrier	<b>240528</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2021</b>
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Name of Reporting Carrier **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/9/2021

Printed name of Authorized Officer

Carlton Lewis

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

( 8 4 3 ) 3 6 5 2 1 5 1 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

240528

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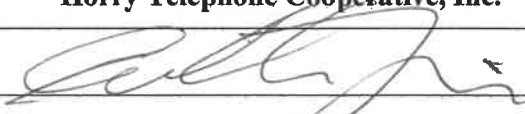
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**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per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

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

Signature of Authorized Officer



Date

6/9/2021

Printed name of Authorized Officer

Carlton Lewis

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

( 8 4 3 ) 3 6 5 2 1 5 1 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

240528

Filing Due Date for this form  
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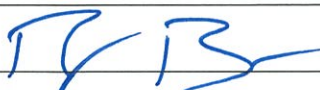
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Hospers Telephone Exchange, Inc.**

Signature of Authorized Officer



Date

5/24/21

Printed name of Authorized Officer

Ryan Boone

Title or position of Authorized Officer      COO

Telephone number of Authorized Officer.      ( 712 ) 722 – 3451 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**351202**


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	<b>Hospers Telephone Exchange, Inc.</b>		
Signature of Authorized Officer		Date	<b>5/24/21</b>
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	COO		
Telephone number or Authorized Officer.	( 712 ) 722-3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>351202</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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Name of Reporting Carrier                      **Hospers Telephone Exchange, Inc.**

Signature of Authorized Officer



Date

**5/24/21**

Printed name of Authorized Officer

Ryan Boone

Title or position of Authorized Officer      COO

Telephone number of Authorized  
Officer.

( 712 ) 722-3451 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**351202**

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

06/16/2021

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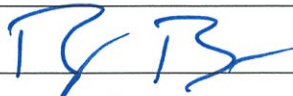


**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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                      **Hospers Telephone Exchange, Inc.**

Signature of Authorized Officer



Date

**5/24/21**

Printed name of Authorized Officer

Ryan Boone

Title or position of Authorized Officer

COO

Telephone number or Authorized  
Officer.

( 712 ) 722-3451 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**351202**

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Name of Reporting Carrier	<b>Industry Telephone Company</b>		
Signature of Authorized Officer	<i>Robin Marek</i>	Date	<b>June 7, 2021</b>
Printed name of Authorized Officer	<b>Robin Marek</b>		
Title or position of Authorized Officer	<b>President</b>		
Telephone number of Authorized Officer.	( <u>979</u> ) <u>357</u> <u>4411</u> ext. <u>204</u>		
Study Area Code of Reporting Carrier	<b>442093</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2021</b>
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Name of Reporting Carrier	<b>Industry Telephone Company</b>				
Signature of Authorized Officer	<i>Robin Marek</i>			Date	<b>June 7, 2021</b>
Printed name of Authorized Officer	<b>Robin Marek</b>				
Title or position of Authorized Officer	<b>President</b>				
Telephone number of Authorized Officer.	( <u>979</u> ) <u>357</u> <u>4411</u> ext. <u>204</u>				
Study Area Code of Reporting Carrier	<b>442093</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2021</b>	
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Name of Reporting Carrier	<b>Industry Telephone Company</b>		
Signature of Authorized Officer	<i>Robin Marek</i>	Date	<b>June 7, 2021</b>
Printed name of Authorized Officer	<b>Robin Marek</b>		
Title or position of Authorized Officer	<b>President</b>		
Telephone number of Authorized Officer.	( <u>979</u> ) <u>357</u> <u>4411</u> ext. <u>204</u>		
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Name of Reporting Carrier	Industry Telephone Company		
Signature of Authorized Officer	<i>Robin Marek</i>	Date	June 7, 2021
Printed name of Authorized Officer	Robin Marek		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	( 979 ) 357 4411 ext. 204		
Study Area Code of Reporting Carrier	442093	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                      **ITS Telecommunications Systems, Inc.**

Signature of Authorized Officer



Date

6/11/21

Printed name of Authorized Officer                      Bruce Russell

Title or position of Authorized Officer                      Vice President of Finance

Telephone number or Authorized Officer.                      (772) 597-2106

Study Area Code of Reporting Carrier

**210331**

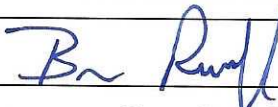
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Name of Reporting Carrier	ITS Telecommunications Systems, Inc.		
Signature of Authorized Officer		Date	6/11/21
Printed name of Authorized Officer	Bruce Russell		
Title or position of Authorized Officer	Vice President of Finance		
Telephone number of Authorized Officer.	(772) 597-2106		
Study Area Code of Reporting Carrier	210331	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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Name of Reporting Carrier **ITS Telecommunications Systems, Inc.**

Signature of Authorized Officer



Date

6/11/21

Printed name of Authorized Officer

Bruce Russell

Title or position of Authorized Officer

Vice President of Finance

Telephone number or Authorized Officer.

(772) 597-2106

Study Area Code of Reporting Carrier

**210331**

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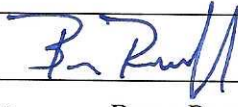
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Signature of Authorized Officer



Date

6/11/21

Printed name of Authorized Officer

Bruce Russell

Title or position of Authorized Officer

Vice President of Finance

Telephone number or Authorized Officer.

(772) 597-2106

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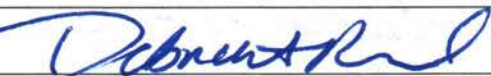
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Name of Reporting Carrier **Livingston Telephone Company**

Signature of Authorized Officer



Date

**5-28-2021**

Printed name of Authorized Officer

**DEBORAH RAND**

Title or position of Authorized Officer

**PRESIDENT**

Telephone number or Authorized Officer.

**(603) 472 9756** ext. \_\_\_\_

Study Area Code of Reporting Carrier

**442107**

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**

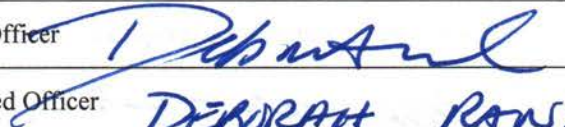
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Livingston Telephone Company</b>		
Signature of Authorized Officer			Date <b>5-28-2021</b>
Printed name of Authorized Officer	<b>DEBORAH RAND</b>		
Title or position of Authorized Officer	<b>PRESIDENT</b>		
Telephone number or Authorized Officer.	<b>(603) 472 9786</b> ext. <b>----</b>		
Study Area Code of Reporting Carrier	<b>442107</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2021</b>

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

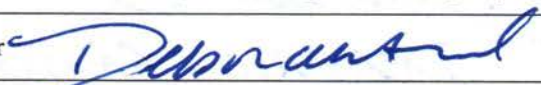
**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier		Livingston Telephone Company	
Signature of Authorized Officer		Date	
		5-28-2021	
Printed name of Authorized Officer		DEBORAH RAND	
Title or position of Authorized Officer		PRESIDENT	
Telephone number of Authorized Officer.		(603) 472 9786 ext. _____	
Study Area Code of Reporting Carrier	442107	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	Livingston Telephone Company		
Signature of Authorized Officer			Date 5-28-2021
Printed name of Authorized Officer	DEBORAH ROUD		
Title or position of Authorized Officer	PRESIDENT		
Telephone number of Authorized Officer.	(603) 472 9786 ext. _ _ _ _		
Study Area Code of Reporting Carrier	442107	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)
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Name of Reporting Carrier	<b>Lumos Telephone of Botetourt, Inc.</b>
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Signature of Authorized Officer <i>Mary McDermott</i>	Date <b>06/02/2021</b>
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Printed name of Authorized Officer	<b>Mary McDermott</b>
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Title or position of Authorized Officer	<b>General Counsel</b>
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Telephone number or Authorized Officer.	( 540 ) 649 1710 ext. _ _ _ _
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Study Area Code of Reporting Carrier	<b>190249</b>		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                      **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer

*Mary McDermott*

Date **06/02/2021**

Printed name of Authorized Officer

**Mary McDermott**

Title or position of Authorized Officer

**General Counsel**

Telephone number of Authorized  
Officer.

(540 ) 649 1710 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**190249**

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	<b>Lumos Telephone of Botetourt, Inc.</b>				
Signature of Authorized Officer	<i>Mary McDermott</i>			Date	<b>06/02/2021</b>
Printed name of Authorized Officer	<b>Mary McDermott</b>				
Title or position of Authorized Officer	<b>General Counsel</b>				
Telephone number or Authorized Officer.	<b>( 540 ) 649 1710 ext. _ _ _ _</b>				
Study Area Code of Reporting Carrier	<b>190249</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2021</b>	
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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                      **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer

*Mary McDermott*

Date **06/02/2021**

Printed name of Authorized Officer                      **Mary McDermott**

Title or position of Authorized Officer                      **General Counsel**

Telephone number of Authorized  
Officer.

( 540 ) 649 1710 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**190249**

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