

**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 Southwest Texas Telephone Company

Signature of Authorized Officer



Date

6/4/2021

Printed name of Authorized Officer

Gary C. Gilmer

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

(830) 683 7175 ext. _ _ _ _

Study Area Code of Reporting Carrier

442135


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

06/16/2021

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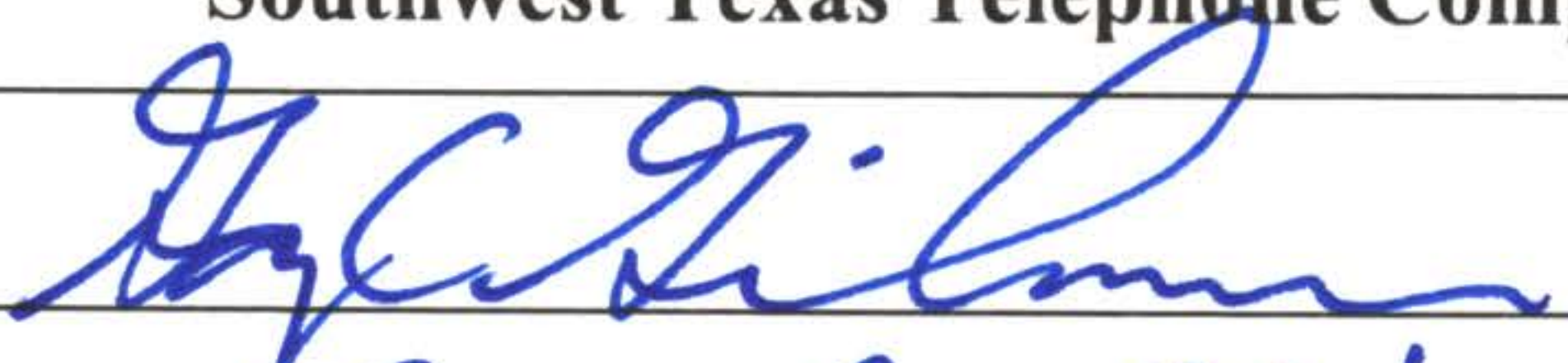
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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		Southwest Texas Telephone Company	
Signature of Authorized Officer		Date	
		6/4/2021	
Printed name of Authorized Officer		Gary C. Gilmer	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		(830) 683 7175 ext. _ _ _ _	
Study Area Code of Reporting Carrier	442135	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

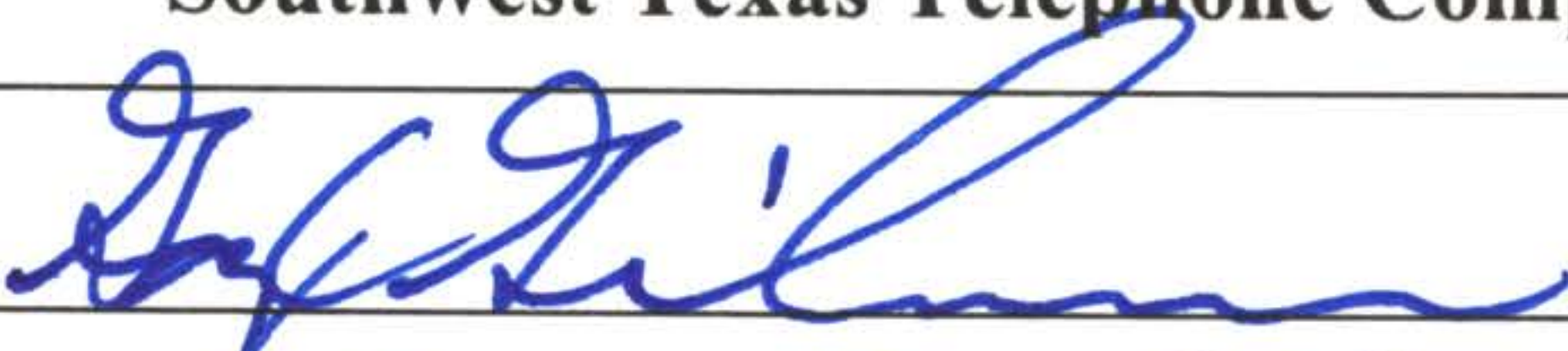
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier	Southwest Texas Telephone Company			
Signature of Authorized Officer			Date	6/4/2021
Printed name of Authorized Officer	Gary C. Gilmer			
Title or position of Authorized Officer	President			
Telephone number of Authorized Officer.	(830) 683 7175 ext. _____			
Study Area Code of Reporting Carrier	442135		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		Southwest Texas Telephone Company	
Signature of Authorized Officer		Date	
		6/4/2021	
Printed name of Authorized Officer		Gary C. Gilmer	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		(830) 683 7175 ext. _ _ _ _	
Study Area Code of Reporting Carrier	442135	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
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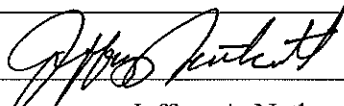
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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	Star Telephone Membership Corp.
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Signature of Authorized Officer		Date
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Signature of Authorized Officer		Date
Printed name of Authorized Officer		05/26/2021

Printed name of Authorized Officer	Jeffrey A. Nethercutt
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Title or position of Authorized Officer	Executive Vice President & Chief Executive Officer
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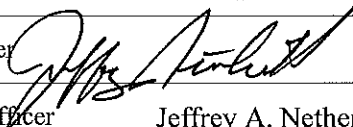


Telephone number or Authorized Officer.	(910) 564-7869
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Study Area Code of Reporting Carrier	230502		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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Certification of Officer as to the Accuracy 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.

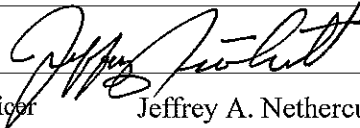
Name of Reporting Carrier				Star Telephone Membership Corp.	
Signature of Authorized Officer					
			Date 05/26/2021		
Printed name of Authorized Officer			Jeffrey A. Nethercutt		
Title or position of Authorized Officer			Executive Vice President & Chief Executive Officer		
Telephone number or Authorized Officer.			(910) 564-7869		
Study Area Code of Reporting Carrier	230502		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 **Star Telephone Membership Corp.**

Signature of Authorized Officer



Date

05/26/2021

Printed name of Authorized Officer

Jeffrey A. Nethercutt

Title or position of Authorized Officer

Executive Vice President & Chief Executive Officer

Telephone number of Authorized
Officer.

(910) 564-7869

Study Area Code of Reporting Carrier

230502

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

06/16/2021

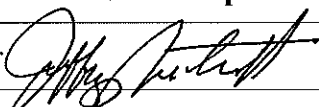
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Star Telephone Membership Corp.**

Signature of Authorized Officer



Date

05/26/2021

Printed name of Authorized Officer

Jeffrey A. Nethercutt

Title or position of Authorized Officer

Executive Vice President & Chief Executive Officer

Telephone number of Authorized Officer.

(910) 564-7869

Study Area Code of Reporting Carrier

230502

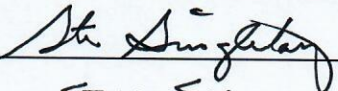
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**Certification of Officer
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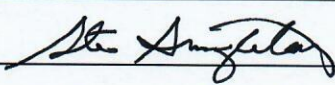
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Taylor Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6/9/2021
Printed name of Authorized Officer	STEVE SINGLETARY		
Title or position of Authorized Officer	GM/CEO		
Telephone number or Authorized Officer.	(325) 846 4111 ext. _ _ _ _		
Study Area Code of Reporting Carrier	442151	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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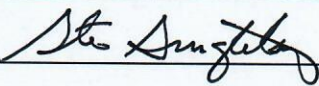
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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		Taylor Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date	
		6/9/2021	
Printed name of Authorized Officer		STEVE SINGLETARY	
Title or position of Authorized Officer		GM/CEO	
Telephone number or Authorized Officer.		(325) 846 4111 ext. _____	
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Name of Reporting Carrier		Taylor Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date	6/9/2021
Printed name of Authorized Officer		STEVE SINGLETARY	
Title or position of Authorized Officer		GM/CEO	
Telephone number or Authorized Officer.		(325) 846 4111 ext. _____	
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Name of Reporting Carrier		Taylor Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date 6/9/2021	
Printed name of Authorized Officer		STEVE SINGLETARY	
Title or position of Authorized Officer		GM/CEO	
Telephone number or Authorized Officer.		(325) 846 4111 ext. _ _ _ _	
Study Area Code of Reporting Carrier	442151	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
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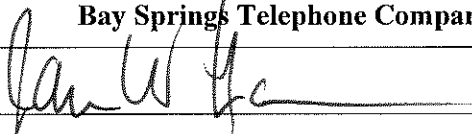
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Bay Springs Telephone Company**

Signature of Authorized Officer



Date 06/02/2021

Printed name of Authorized Officer James Garner

Title or position of Authorized Officer Vice President of Operations

Telephone number of Authorized Officer. (601) 354 - 9070

Study Area Code of Reporting Carrier **280446**

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

06/16/2021

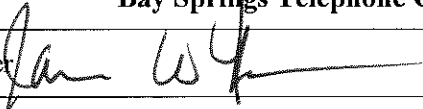
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **Bay Springs Telephone Company**

Signature of Authorized Officer



Date **06/02/2021**

Printed name of Authorized Officer

James Garner

Title or position of Authorized Officer

Vice President of Operations

Telephone number of Authorized Officer.

(601) 354 - 9070

Study Area Code of Reporting Carrier

280446

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

06/16/2021

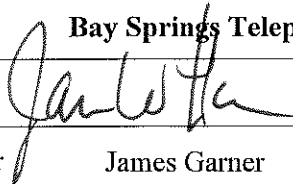
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier **Bay Springs Telephone Company**

Signature of Authorized Officer



Date **06/02/2021**

Printed name of Authorized Officer **James Garner**

Title or position of Authorized Officer **Vice President of Operations**

Telephone number or Authorized Officer.

(601) 354 - 9070

Study Area Code of Reporting Carrier

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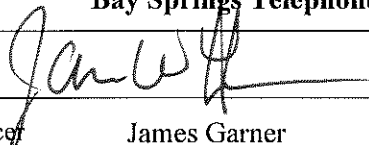
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Bay Springs Telephone Company**

Signature of Authorized Officer



Date **06/02/2021**

Printed name of Authorized Officer

James Garner

Title or position of Authorized Officer

Vice President of Operations

Telephone number of Authorized Officer.

(601) 354 - 9070

Study Area Code of Reporting Carrier

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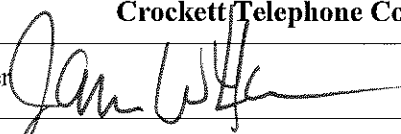
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Crockett Telephone Company**

Signature of Authorized Officer



Date 06/02/2021

Printed name of Authorized Officer James Garner

Title or position of Authorized Officer Vice President of Operations

Telephone number of Authorized Officer. (601) 354 - 9070

Study Area Code of Reporting Carrier

290561

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

06/16/2021

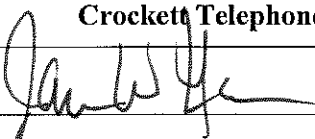
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **Crockett Telephone Company**

Signature of Authorized Officer



Date **06/02/2021**

Printed name of Authorized Officer **James Garner**

Title or position of Authorized Officer **Vice President of Operations**

Telephone number of Authorized Officer. **(601) 354 - 9070**

Study Area Code of Reporting Carrier

290561

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

06/16/2021

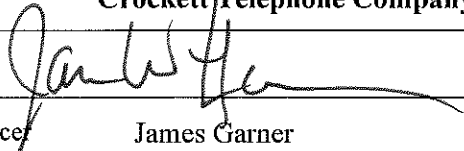
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Name of Reporting Carrier **Crockett Telephone Company**

Signature of Authorized Officer



Date **06/02/2021**

Printed name of Authorized Officer

James Garner

Title or position of Authorized Officer

Vice President of Operations

Telephone number of Authorized Officer.

(601) 354 - 9070

Study Area Code of Reporting Carrier

290561

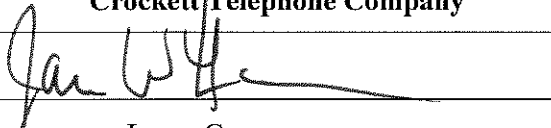
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Name of Reporting Carrier		Crockett Telephone Company	
Signature of Authorized Officer			
Date		06/02/2021	
Printed name of Authorized Officer		James Garner	
Title or position of Authorized Officer		Vice President of Operations	
Telephone number or Authorized Officer.		(601) 354 - 9070	
Study Area Code of Reporting Carrier	290561	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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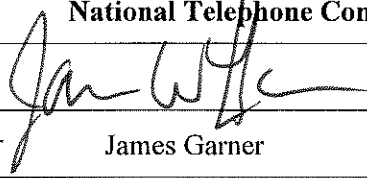
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **National Telephone Company of Alabama**

Signature of Authorized Officer



Date 06/02/2021

Printed name of Authorized Officer James Garner

Title or position of Authorized Officer Vice President of Operations

Telephone number of Authorized Officer. (601) 354 - 9070

Study Area Code of Reporting Carrier

250286

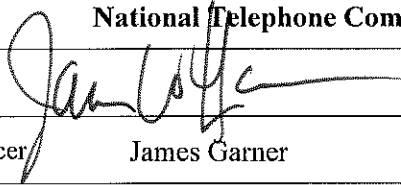
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Name of Reporting Carrier	National Telephone Company of Alabama		
Signature of Authorized Officer		Date	06/02/2021
Printed name of Authorized Officer	James Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number or Authorized Officer.	(601) 354 - 9070		
Study Area Code of Reporting Carrier	250286	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

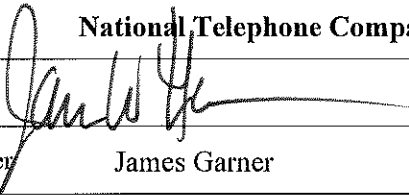
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **National Telephone Company of Alabama**

Signature of Authorized Officer



Date **06/02/2021**

Printed name of Authorized Officer

James Garner

Title or position of Authorized Officer

Vice President of Operations

Telephone number of Authorized Officer.

(601) 354 - 9070

Study Area Code of Reporting Carrier

250286

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		National Telephone Company of Alabama	
Signature of Authorized Officer		Date 06/02/2021	
Printed name of Authorized Officer		James Garner	
Title or position of Authorized Officer		Vice President of Operations	
Telephone number of Authorized Officer.		(601) 354 - 9070	
Study Area Code of Reporting Carrier	250286	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.			

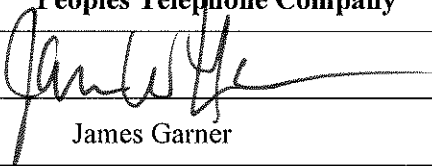
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Peoples Telephone Company**

Signature of Authorized Officer



Date 06/02/2021

Printed name of Authorized Officer James Garner

Title or position of Authorized Officer Vice President of Operations

Telephone number of Authorized Officer. (601) 354 - 9070

Study Area Code of Reporting Carrier

290576

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

06/16/2021

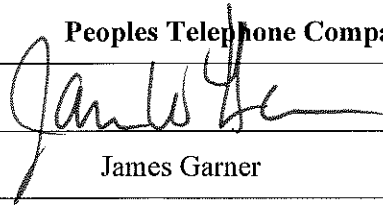
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **Peoples Telephone Company**

Signature of Authorized Officer



Date **06/02/2021**

Printed name of Authorized Officer

James Garner

Title or position of Authorized Officer

Vice President of Operations

Telephone number of Authorized Officer.

(601) 354 - 9070

Study Area Code of Reporting Carrier

290576

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

06/16/2021

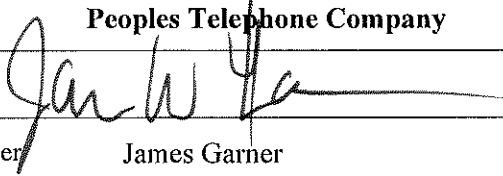
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Peoples Telephone Company**

Signature of Authorized Officer



Date **06/02/2021**

Printed name of Authorized Officer

James Garner

Title or position of Authorized Officer

Vice President of Operations

Telephone number of Authorized Officer.

(601) 354 - 9070

Study Area Code of Reporting Carrier

290576

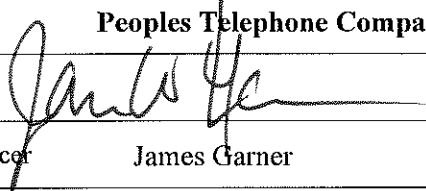
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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				Peoples Telephone Company	
Signature of Authorized Officer					
Date			06/02/2021		
Printed name of Authorized Officer			James Garner		
Title or position of Authorized Officer			Vice President of Operations		
Telephone number or Authorized Officer.			(601) 354 - 9070		
Study Area Code of Reporting Carrier	290576		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	
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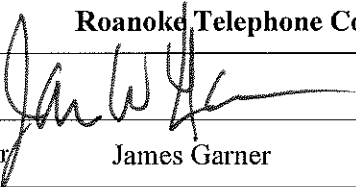
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Roanoke Telephone Company, Inc.**

Signature of Authorized Officer



Date 06/02/2021

Printed name of Authorized Officer James Garner

Title or position of Authorized Officer Vice President of Operations

Telephone number of Authorized Officer. (601) 354 - 9070

Study Area Code of Reporting Carrier **250317**

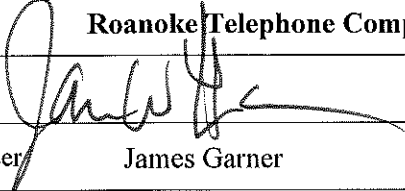

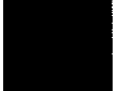
Filing Due Date for this form
(mm/dd/yyyy)

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	Roanoke Telephone Company, Inc.				
Signature of Authorized Officer			Date 06/02/2021		
Printed name of Authorized Officer	James Garner				
Title or position of Authorized Officer	Vice President of Operations				
Telephone number of Authorized Officer.	(601) 354 - 9070				
Study Area Code of Reporting Carrier	250317		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	

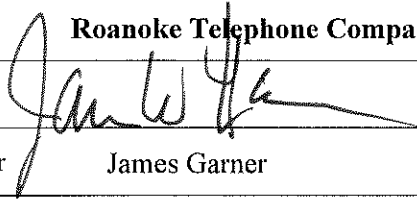
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Roanoke Telephone Company, Inc.**

Signature of Authorized Officer



Date **06/02/2021**

Printed name of Authorized Officer

James Garner

Title or position of Authorized Officer

Vice President of Operations

Telephone number of Authorized Officer.

(601) 354 - 9070

Study Area Code of Reporting Carrier

250317

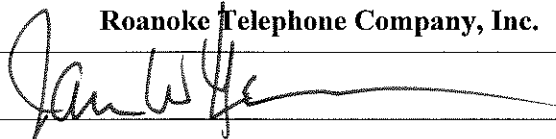

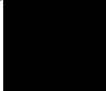
Filing Due Date for this form
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06/16/2021

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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	Roanoke Telephone Company, Inc.				
Signature of Authorized Officer			Date 06/02/2021		
Printed name of Authorized Officer	James Garner				
Title or position of Authorized Officer	Vice President of Operations				
Telephone number or Authorized Officer.	(601) 354 - 9070				
Study Area Code of Reporting Carrier	250317		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	

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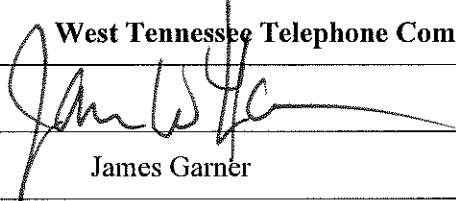
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **West Tennessee Telephone Company, Inc.**

Signature of Authorized Officer



Date 06/02/2021

Printed name of Authorized Officer James Garner

Title or position of Authorized Officer Vice President of Operations

Telephone number of Authorized Officer. (601) 354 - 9070

Study Area Code of Reporting Carrier

290583

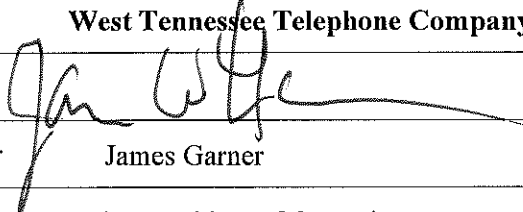
Filing Due Date for this form
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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	West Tennessee Telephone Company, Inc.				
Signature of Authorized Officer			Date 06/02/2021		
Printed name of Authorized Officer	James Garner				
Title or position of Authorized Officer	Vice President of Operations				
Telephone number of Authorized Officer.	(601) 354 - 9070				
Study Area Code of Reporting Carrier	290583		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	

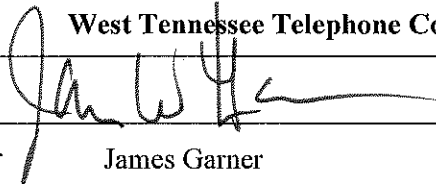
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **West Tennessee Telephone Company, Inc.**

Signature of Authorized Officer



Date **06/02/2021**

Printed name of Authorized Officer

James Garner

Title or position of Authorized Officer

Vice President of Operations

Telephone number of Authorized Officer.

(601) 354 - 9070

Study Area Code of Reporting Carrier

290583

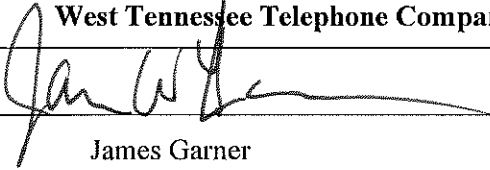
Filing Due Date for this form
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06/16/2021

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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	West Tennessee Telephone Company, Inc.		
Signature of Authorized Officer			Date 06/02/2021
Printed name of Authorized Officer	James Garner		
Title or position of Authorized Officer	Vice President of Operations		
Telephone number of Authorized Officer.	(601) 354 - 9070		
Study Area Code of Reporting Carrier	290583	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 **TeleGuam Holdings, LLC**

Signature of Authorized Officer



Date: 06/03/2021

Printed name of Authorized Officer Joseph R Shinohara

Title or position of Authorized Officer Executive Chief Financial Officer

Telephone number or Authorized Officer. (671) _644-1653 _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

663800

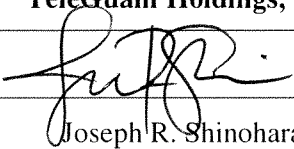
Filing Due Date for this form
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06/16/2021

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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.

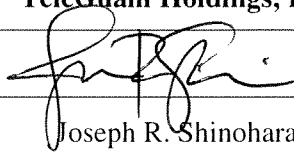
Name of Reporting Carrier	TeleGuam Holdings, LLC		
Signature of Authorized Officer		Date: 06/03/2021	
Printed name of Authorized Officer	Joseph R. Shinohara		
Title or position of Authorized Officer	Executive Chief Financial Officer		
Telephone number of Authorized Officer.	(671) 644-1653__ __ __ __ __ ext. __ __ __ __		
Study Area Code of Reporting Carrier	663800	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 **TeleGuam Holdings, LLC**

Signature of Authorized Officer



Date: 06/03/2021

Printed name of Authorized Officer

Joseph R. Shinohara

Title or position of Authorized Officer

Executive Chief Financial Officer

Telephone number of Authorized Officer.

(671) _644-1653 _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

663800

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

06/16/2021

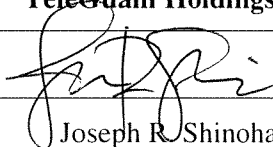
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **TeleGuam Holdings, LLC**

Signature of Authorized Officer



Date: 06//03/2021

Printed name of Authorized Officer

Joseph R. Shinohara

Title or position of Authorized Officer

Executive Chief Financial Officer

Telephone number of Authorized Officer.

(671) 644-1653__ _ _ _ _ ext. _ _ _ _

Study Area Code of Reporting Carrier

663800

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

06/16/2021

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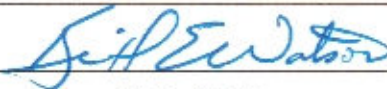
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Totah Communications, Inc.**

Signature of Authorized Officer



Date June 3, 2021

Printed name of Authorized Officer Keith E Watson

Title or position of Authorized Officer Executive VP / Controller

Telephone number of Authorized Officer. (918) 535 2208 ext. _ _ _ _

Study Area Code of Reporting Carrier

**432030-
OK**

**412030-
KS**

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

06/16/2021

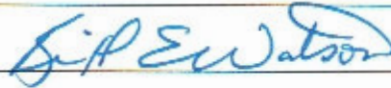
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **Total Communications, Inc.**

Signature of Authorized Officer



Date June 3, 2021

Printed name of Authorized Officer Keith E Watson

Title or position of Authorized Officer Executive VP / Controller

Telephone number or Authorized
Officer.

(918) 535 2208 ext. _ _ _ _

Study Area Code of Reporting Carrier

**432030-
OK**

**412030-
KS**

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

06/16/2021

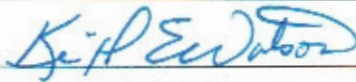
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier **Totah Communications, Inc.**

Signature of Authorized Officer



Date June 3, 2021

Printed name of Authorized Officer

Keith E Watson

Title or position of Authorized Officer

Executive VP / Controller

Telephone number or Authorized
Officer.

(918) 535 2208 ext. _ _ _ _

Study Area Code of Reporting Carrier

**432030-
OK**

**412030-
KS**


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	Total Communications, Inc.		
Signature of Authorized Officer		Date June 3, 2021	
Printed name of Authorized Officer	Keith E. Watson		
Title or position of Authorized Officer	Executive VP / Controller		
Telephone number of Authorized Officer.	(918) 535 2205 ext. _ _ _ _		
Study Area Code of Reporting Carrier	432030-OK 412030-KS	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021

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