

# VOLUME 1

## APPENDIX D Exhibit 2

### CARRIER CERTIFICATIONS Carrier Eligibility for CAF/ICC Recovery

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>OXFORD WEST TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Skellie</b></p>				<p>Digitally signed by Bruce Skellie DN:cn=Bruce Skellie,email=bskellie@firstlight.net,O=oxford west tel. co.,l=Albany NY 12207, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bruce Skellie</b></p>					
<p>Title or position of Authorized Officer or employee: <b>SVP of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-694-0550</b></p>					
Study Area Code of Reporting Carrier	<b>100002</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLNVILLE NETWORKS, INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Shirley Manning</span></p>				<p><small>Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@lintelco.net,O=lincolnvill networks, inc.,l= , Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Shirley Manning</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">207-563-9941</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">100003</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

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<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier:      <b>OXFORD COUNTY TEL. &amp; TELE. CO.</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Bruce Skellie</b></p>				<p><small>Digitally signed by Bruce Skellie DN:cn=Bruce Skellie,email=bskellie@firstlight.net,O=oxford county tel. &amp; tele. co.,l=Albany NY 12207, Date:5/19/2021</small></p> <p>Date:      <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee:      <b>Bruce Skellie</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>SVP of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>518-694-0550</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>100019</b></p>	<p><b>6/16/2021</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					



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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 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				Union River Telephone Company	
Signature of authorized officer				Date	05/19/21
Printed name of authorized officer		William S. Silsby, Jr.			
Title or position of authorized officer		President/General Manager			
Telephone number of authorized officer:		(207) 584-9911 ext.			
Study Area Code of Reporting Carrier	100027	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>Name of Reporting Carrier: <b>UNITEL, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Laurie Osgood</b></p>				<p>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@unitel.me,O=unitel, inc.,l=Unity ME 04988-0165, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Laurie Osgood</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>207-948-9952</b></p>					
Study Area Code of Reporting Carrier	<b>100029</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

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<p>Name of Reporting Carrier: <b>RICHMOND TELEPHONE COMPANY LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dylan Proper</b></p>				<p>Digitally signed by Dylan Proper DN:cn=Dylan Proper,email=dylan@richmond-telephone.com,O=richmond telephone company llc, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dylan Proper</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>413-698-2255</b></p>					
Study Area Code of Reporting Carrier	<b>110737</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

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<p>Name of Reporting Carrier: <b>BRETTON WOODS TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Karen Wante</b></p>				<p><small>Digitally signed by Karen Wante DN:cn=Karen Wante,email=kwante@bwtc.net,O=bretton woods tel. co.,l=, Date:5/20/2021</small></p> <p>Date: <b>5/20/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Karen Wante</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>603-278-9911</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>120038</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: <b>GRANITE STATE TEL., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Susan King</b></p>				<p>Digitally signed by Susan King DN:cn=Susan King,email=srand@gsc.tech,O=granite state tel., inc.,l=Weare NH 03281, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Susan King</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>603-529-9941</b></p>					
Study Area Code of Reporting Carrier	<b>120039</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

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<p>Name of Reporting Carrier: <span style="color: blue;">DUNBARTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Montgomery</span></p>				<p><small>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel. co.,l= , Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Montgomery</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">603-774-9911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">120043</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

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<p>Name of Reporting Carrier: <b>FRANKLIN TEL. CO.-VT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kimberly Gates Maynard</b></p>				<p><small>Digitally signed by Kimberly Gates Maynard DN: cn=Kimberly Gates Maynard, email=ftc@franklinvt.net, O=franklin tel. co.-vt, l=Franklin VT 05457, Date: 5/26/2021</small></p> <p>Date: <b>5/26/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kimberly Gates Maynard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>802-285-9911</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>140053</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p>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.</p>					

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Name of Reporting Carrier <u>TOPSHAM TELEPHONE COMPANY, INC.</u>			
Signature of authorized officer <u>Mark W. DePenna</u>		Date <u>05/19/2021</u>	
Printed name of authorized officer <u>MARK W. DEPENNA</u>			
Title or position of authorized officer <u>CONTROLLER</u>			
Telephone number of authorized officer: <u>(315) 321-5911, ext.</u>			
Study Area Code of Reporting Carrier	<u>140068</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>June 16 2021</u>
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.			



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<p>Name of Reporting Carrier: <span style="color: blue;">WAITSFIELD/FAYSTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Roger Nishi</span></p>				<p><small>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvt.com,O=waitsfield/fayston tel. co.,l=Waitsfield VT 05673, Date:5/27/2021</small></p> <p>Date: <span style="color: blue;">5/27/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Roger Nishi</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President - Industry Relations</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">802-496-8336</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">140069</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p style="text-align: center;">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.</p>					

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<p>Name of Reporting Carrier: <b>VERMONT TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dawn Tucker</b></p>				<p><small>Digitally signed by Dawn Tucker DN:cn=Dawn Tucker,email=DTUCKER@VERMONTEL.com,O=vermont telephone company, inc., Date:5/25/2021</small></p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dawn Tucker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Director of Accounting</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>802-885-7783</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>147332</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

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Name of Reporting Carrier **ARMSTRONG TEL. CO.-NY**

Signature of authorized officer *Barbara J. Drenzo* Date **05/28/2021**

Printed name of authorized officer **Barbara Drenzo**

Title or position of authorized officer **Director - Finance and Accounting**

Telephone number of authorized officer: **(724) 283-0925**  
ext.

Study Area Code of Reporting Carrier	<b>150071</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
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<p>Name of Reporting Carrier: <b>CASSADAGA TEL. CORP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Maytum</b></p>				<p>Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=cassadaga tel. corp.,l=Fredonia NY 14063-0209, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Maytum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President, COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>716-673-3016</b></p>					
Study Area Code of Reporting Carrier	<b>150076</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

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<p>Name of Reporting Carrier: <span style="color: blue;">CHAMPLAIN TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Webster</span></p>				<small>Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel. co.,l=Champlain NY 12919, Date:5/25/2021</small> <p>Date: <span style="color: blue;">5/25/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Webster</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">518-298-2480</span></p>					
Study Area Code of Reporting Carrier	150077		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier <u>CITIZENS TELEPHONE COMPANY OF HAMMOND, NEW YORK, I.O.</u>			
Signature of authorized officer <u>Mark De Perin</u>		Date <u>05/19/2021</u>	
Printed name of authorized officer <u>MARK DE PERIN</u>			
Title or position of authorized officer <u>CONTROLLER</u>			
Telephone number of authorized officer: <u>(315) 324 5911, ext.</u>			
Study Area Code of Reporting Carrier <u>150081</u>		Filing Due Date for this form (mm/dd/yyyy)	June 16 2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CROWN POINT TEL. CORP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Shana Macey</span></p>				<p><small>Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.macey@cptelco.net,O=crown point tel. corp.,l=Crown Point NY 12928, Date:5/25/2021</small></p> <p>Date: <span style="color: blue;">5/25/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Shana Macey</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">518-597-3300</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150085</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DUNKIRK AND FREDONIA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Maytum</b></p>				<p><small>Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=dunkirk and fredonia tel. co.,l=Fredonia NY 14063-0209, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Mark Maytum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President, COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>716-673-3016</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150091</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>EMPIRE TELEPHONE CORP-NY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tom Prestigiacomo</b></p>				<p>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tom Prestigiacomo</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>607-522-4237</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150093</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE FISHERS ISLAND TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>J. Finan</b></p>				<p>Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fiuc.net,O=the fishers island tel. co.,l=Fishers Island NY 06390, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>J. Finan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>631-788-7251</b></p>					
Study Area Code of Reporting Carrier	<b>150095</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GERMANTOWN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Bohnsack</b></p>				<p><small>Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel. co., inc.,l=Germantown NY 12526, Date:5/20/2021</small></p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bruce Bohnsack</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President and CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-537-4835</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150097</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HANCOCK TEL. CO.-NY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Robert Wrighter, Jr</span></p>				<p><small>Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjir@hancocktelephone.com,O=hancock tel. co.-ny,l=Hancock NY 13783, Date:5/21/2021</small></p> <p>Date: <span style="color: blue;">5/21/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Wrighter, Jr</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">607-637-9912</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150099</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARGARETVILLE TEL. CO.,INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Glen Faulkner</span></p>				<p><small>Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel. co.,inc.,l=Margaretville NY 12455, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Glen Faulkner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">845-586-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150104</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MIDDLEBURGH TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Becker</b></p>				<p>Digitally signed by James Becker DN:cn=James Becker, email=jim.becker@corp.midtel.com, O=middleburgh telephone co., l=Middleburgh NY 12122-0191, Date: 5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Becker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-827-5211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150105</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">NEWPORT TEL. CO.,INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Joseph Tomaino</span>				<small>Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=joe.tomaino@corp.ntcnet.com,O=newport tel. co.,inc.,l=Newport NY 13416, Date:5/20/2021</small> Date: <span style="color: blue;">5/20/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Joseph Tomaino</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">315-845-8112</span>					
Study Area Code of Reporting Carrier	150107		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NICHOLVILLE TELCO LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jeffrey McGrath</b></p>				<p>Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slcfiber.com,O=nicholville telco llc,l=Nicholville NY 12965, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jeffrey McGrath</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP/Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>315-328-5333</b></p>					
Study Area Code of Reporting Carrier	<b>150108</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ONEIDA COUNTY RURAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Heather Kirkland</b></p>				<p>Digitally signed by Heather Kirkland DN:cn=Heather Kirkland,email=hkirkland@ocrt.com,O=oneida county rural tel. co.,l=Holland Patent NY 13354, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Heather Kirkland</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>315-865-3239</b></p>					
Study Area Code of Reporting Carrier	<b>150111</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ONTARIO TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Cheney</b></p>				<p>Digitally signed by James Cheney DN:cn=James Cheney,email=JimC@ottctel.com,O=ontario telephone company, inc., Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Cheney</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>315-548-8017</b></p>					
Study Area Code of Reporting Carrier	<b>150112</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PATTERSONVILLE TEL. CO.-NY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Nicole Rodriguez</b></p>					<p><small>Digitally signed by Nicole Rodriguez DN:cn=Nicole Rodriguez,email=nrodriguez@ptconnect.net,O=pattersonville tel. co.-ny, Date:5/21/2021</small></p>
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Nicole Rodriguez</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-887-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150116</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STATE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Evans</b></p>				<p>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel. co.,l=Coxsackie NY 12051, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Evans</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-731-6128</b></p>					
Study Area Code of Reporting Carrier	<b>150125</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TRUMANSBURG TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Cheney</b></p>				<p>Digitally signed by James Cheney DN:cn=James Cheney,email=JimC@ottccl.com,O=trumansburg telephone company, inc., Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Cheney</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>315-548-8017</b></p>					
Study Area Code of Reporting Carrier	<b>150131</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	ALTEC SYSTEMS WICK LLC		
Signature of authorized officer	DocuSigned by: <i>Bob Hagan</i>	Date	5/28/2021
Printed name of authorized officer	ROBERT F. HAGAN		
Title or position of authorized officer	EVP & CFO		
Telephone number of authorized officer:	(470) 632-3979		
Study Area Code of Reporting Carrier	150135	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	AL	DocuSigned by:	RWICK LLC		
Signature of authorized officer	<i>Bob Hagan</i>		Date	5/28/2021	
Printed name of authorized officer	8B82F92FACBC4BA... ROBERT F. HAGAN				
Title or position of authorized officer	EVP & CFO				
Telephone number of authorized officer:	(470) 632-3979				
Study Area Code of Reporting Carrier	160135		Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE CITIZENS TELEPHONE COMPANY OF KECKSBURG</b></p>					
<p>Signature of Authorized Officer or employee: <b>Arnold Cutrell</b></p>				<p>Digitally signed by Arnold Cutrell DN:cn=Arnold Cutrell,email=arnie.cutrell@ctzn.net,O=the citizens telephone company of kecksburg,l=Mount Pleasant PA 15666, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Arnold Cutrell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-424-4444</b></p>					
Study Area Code of Reporting Carrier	<b>170156</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HICKORY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Terri Jeffers</span></p>				<p><small>Digitally signed by Terri Jeffers DN:cn=Terri Jeffers,email=tlj@hky.com,O=hickory tel. co.,l= , Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Terri Jeffers</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Regulatory Director</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">724-356-2211</span></p>					
Study Area Code of Reporting Carrier	170171		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LACKAWAXEN TELECOMMUNICATIONS SERVICES, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Kail</b></p>				<p>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc.,l=Stahlstown PA 15687-0168, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Kail</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President and CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-593-2411</b></p>					
Study Area Code of Reporting Carrier	<b>170177</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **ARMSTRONG TEL. CO.-PA**

Signature of authorized officer *Barbara J. Drenzo* Date **05/28/2021**

Printed name of authorized officer **Barbara Drenzo**

Title or position of authorized officer **Director - Finance and Accounting**

Telephone number of authorized officer: **(724) 283-0925**  
ext.

Study Area Code of Reporting Carrier	<b>170189</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
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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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE NORTH-EASTERN PENNSYLVANIA TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Tourje</b></p>				<p><small>Digitally signed by Steven Tourje DN:cn=Steven Tourje,email=stourje@nep.net,O=the north-eastern pennsylvania telephone co.,l=Forest City PA 18421, Date:5/20/2021</small></p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steven Tourje</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>570-785-2216</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170191</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTH PENN TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tom Prestigiacomo</b></p>				<p>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel. co.,l=Prattsburgh NY 14873, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tom Prestigiacomo</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>607-522-4237</b></p>					
Study Area Code of Reporting Carrier	<b>170192</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **ARMSTRONG TEL. CO.-PA**

Signature of authorized officer *Barbara J. Drenzo* Date **05/28/2021**

Printed name of authorized officer **Barbara Drenzo**

Title or position of authorized officer **Director - Finance and Accounting**

Telephone number of authorized officer: **(724) 283-0925**  
ext.

Study Area Code of Reporting Carrier	<b>170189</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
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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.

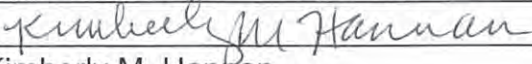
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PALMERTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Timothy Hausman</b></p>				<p><small>Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton telephone company, Date:5/25/2021</small></p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Timothy Hausman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>610-826-9433</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170196</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Pennsylvania Telephone Company	
Signature of authorized officer					Date
Printed name of authorized officer			Kimberly M. Hanhan		05272021
Title or position of authorized officer			VP/GM		
Telephone number of authorized officer:			(570) 745-7101		
Study Area Code of Reporting Carrier		170197	Filing Due Date for this form (mm/dd/yyyy)		June 16 2021
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PYMATUNING IND. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Adam Dixon</span></p>				<p><small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/21/2021</small></p>	
<p>Date: <span style="color: blue;">5/21/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Adam Dixon</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">870-921-5757</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170200</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTH CANAAN TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Kail</b></p>				<p>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=south canaan tel. co.,l=Stahlstown PA 15687-0168, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Kail</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President and CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-593-2411</b></p>					
Study Area Code of Reporting Carrier	<b>170205</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VENUS TEL. CORP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Janice Kline</span></p>				<p><small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel. corp.,I=Venus PA 16364, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Janice Kline</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Sec/Treas.</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">814-354-6123</span></p>					
Study Area Code of Reporting Carrier	170210		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST SIDE TEL. CO.-PA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Ludenia</span></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-pa,l= , Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">V.P. Operations, General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">304-983-8642</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170277</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p style="text-align: center;">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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **ARMSTRONG TEL. CO. OF MD**

Signature of authorized officer *Barbara J. Drenzo* Date **05/28/2021**

Printed name of authorized officer **Barbara Drenzo**

Title or position of authorized officer **Director - Finance and Accounting**

Telephone number of authorized officer: **(724) 283-0925**  
ext.

Study Area Code of Reporting Carrier	<b>180216</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
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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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Print Name (Last, First, Middle Initial)

Signature of Officer

*P. Z.*

Date

Print Carrier Name

Print Carrier Address (Street, City, State, ZIP)

Print Carrier Phone Number (Area Code, Number)

Print Carrier Email Address

Print Carrier Name and Address (Street, City, State, ZIP)

June 16 2021

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BURKE'S GARDEN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Missy Lynch</b></p>				<p><small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel. co., inc., Date:5/26/2021</small></p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Missy Lynch</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager/Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>276-472-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190220</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CITIZENS TEL. COOP.-VA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Greg Sapp</b></p>				<p><small>Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop.O=citizens tel. coop.-va,l=Floyd VA 24091-0137, Date:5/25/2021</small></p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Greg Sapp</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>540-745-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190225</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MGW TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Sheri Smith</b></p>				<p>Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw telephone company, inc., Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Sheri Smith</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>540-925-5235</b></p>					
Study Area Code of Reporting Carrier	<b>190238</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NEW HOPE TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Laurie Hensley</b></p>				<p>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope telephone cooperative, n= New Hope VA 24469, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Laurie Hensley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>540-363-6277</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190239</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Pembroke Telephone Cooperative	
Signature of authorized officer			Date		05/24/2021
Printed name of authorized officer			Leon A. Law		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(540) 626-7111 ext.		
Study Area Code of Reporting Carrier		190243	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PEOPLES MUTUAL TEL. CO.-VA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va, Date:5/27/2021</small></p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190244</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SCOTT COUNTY TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Roger Fraysier</b></p>				<p><small>Digitally signed by Roger Fraysier DN:cn=Roger Fraysier,email=rfraysier@sctc.org,O=scott county tel. coop. inc.,l=Gate City VA 24251, Date:5/26/2021</small></p> <p>Date: <b>5/26/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Roger Fraysier</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>276-452-7364</b></p>					
Study Area Code of Reporting Carrier	<b>190248</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gary Miller</span></p>				<p><small>Digitally signed by Gary Miller DN:cn=Gary Miller,email=Gary.Miller@emp.shentel.com,O=shenandoah tel. co.,l= , Date:5/21/2021</small></p> <p>Date: <span style="color: blue;">5/21/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gary Miller</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Director, Accounting WLN &amp; WLS</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">540-984-5991</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190250</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SHENANDOAH TELEPHONE COMPANY - NR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Gary Miller</b></p>				<p><small>Digitally signed by Gary Miller DN:cn=Gary Miller,email=Gary.Miller@emp.shentel.com,O=shenandoah telephone company - nr,l= , Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Gary Miller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Director, Accounting WLN &amp; WLS</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>540-984-5991</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>197251</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **ARMSTRONG TEL. CO.-WV**

Signature of authorized officer *Barbara J. Drenzo* Date **05/28/2021**

Printed name of authorized officer **Barbara Drenzo**

Title or position of authorized officer **Director - Finance and Accounting**

Telephone number of authorized officer: **(724) 283-0925**  
ext.

Study Area Code of Reporting Carrier	<b>200256</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
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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.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SPRUCE KNOB SENECA ROCKS TEL., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Butler</b></p>				<p><small>Digitally signed by Robert Butler DN:cn=Robert Butler,email=rbutler@spruceknob.net,O=spruce knob seneca rocks tel., inc.,l=Riverton WV 26814-0100, Date:5/27/2021</small></p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Butler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>304-567-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200257</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HARDY TELECOMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Scott Sherman</b></p>				<p><small>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecommunications, inc., Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Scott Sherman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>304-897-9911</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200259</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **ARMSTRONG TEL. CO.**

Signature of authorized officer *Barbara J. Drenzo* Date **05/28/2021**

Printed name of authorized officer **Barbara Drenzo**

Title or position of authorized officer **Director - Finance and Accounting**

Telephone number of authorized officer: **(724) 283-0925**  
ext.

Study Area Code of Reporting Carrier	<b>200267</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
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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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WEST SIDE TEL. CO.-WV</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Ludenia</b></p>				<p>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-wv,l= , Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Ludenia</b></p>					
<p>Title or position of Authorized Officer or employee: <b>V.P. Operations, General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>304-983-8642</b></p>					
Study Area Code of Reporting Carrier	<b>200277</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST FLORIDA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Adam Dixon</b></p>				<p>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=northeast florida tel. co., inc., Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-921-5757</b></p>					
Study Area Code of Reporting Carrier	<b>210335</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALMA TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kevin Brooks</span>				<small>Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel. co., inc.,l=Alma GA 31510, Date:5/24/2021</small> Date: <span style="color: blue;">5/24/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kevin Brooks</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">912-632-8603</span>					
Study Area Code of Reporting Carrier	220344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BRANTLEY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Donovan Strickland</b></p>				<p>Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel. co., inc.,l=Nahunta GA 31553, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Donovan Strickland</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-462-5111</b></p>					
Study Area Code of Reporting Carrier	<b>220347</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BULLOCH CNTY. RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Scott</b></p>				<p>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch cnty. rural tel. coop., inc.,l= , Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Scott</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-865-1100</b></p>					
Study Area Code of Reporting Carrier	<b>220348</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CITIZENS TEL. CO., INC.-GA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chad Ledger</b></p>				<p>Digitally signed by Chad Ledger DN:cn=Chad Ledger,email=scl@citizensdsl.com,O=citizens tel. co., inc.-ga, =Leslie GA 31764, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Chad Ledger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>229-874-4145</b></p>					
Study Area Code of Reporting Carrier	<b>220355</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier <b>Darien Telephone Co., Inc.</b>				
Signature of authorized officer <i>Mary Lou Forsyth</i>		Date	5-18-21	
Printed name of authorized officer <b>Mary Lou Forsyth</b>				
Title or position of authorized officer <b>President</b>				
Telephone number of authorized officer: <b>(912) 437-6611</b>				
Study Area Code of Reporting Carrier	<b>220358</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Janice O'Brien</span></p>				<p><small>Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@gtconline.com,O=glenwood tel. co.,l=Glenwood GA 30428-0235, Date:5/26/2021</small></p> <p>Date: <span style="color: blue;">5/26/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Janice O'Brien</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">912-523-5111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220365</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HART TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Daniel</b></p>				<small>Digitally signed by Randy Daniel DN:cn=Randy Daniel,email=randy@hartcom.net,O=hart tel. co.,l=Hartwell GA 30643, Date: 5/20/2021</small>  <p>Date: <b>5/20/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Randy Daniel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>706-376-4701</b></p>					
Study Area Code of Reporting Carrier	<b>220368</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PEMBROKE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mary Anna Hite</b></p>				<p><small>Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel. co., inc.,l=Pembroke GA 31321, Date:5/18/2021</small></p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mary Anna Hite</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-653-4389</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220376</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PLANTERS RURAL TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">John Lacienski</span></p>				<p><small>Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural tel. coop., inc.,l=Newington GA 30446, Date:5/20/2021</small></p>	
<p>Date: <span style="color: blue;">5/20/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Lacienski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">912-857-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220378</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier <b>Plant Telephone Company</b>				
Signature of authorized officer <i>Danny E. Sterling</i>				Date <b>05/27/2021</b>
Printed name of authorized officer <b>Danny E. Sterling</b>				
Title or position of authorized officer <b>President &amp; General Manager</b>				
Telephone number of authorized officer: <b>(229) 528-4777</b> ext.				
Study Area Code of Reporting Carrier <b>220379</b>		Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PROGRESSIVE RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ron Chambers</b></p>				<p><small>Digitally signed by Ron Chambers DN:cn=Ron Chambers,email=ron.chambers@prtc.co,O=progressive rural tel. coop., inc.,l=Rentz GA 31075, Date:5/27/2021</small></p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ron Chambers</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>478-984-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220380</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <b>Public Service Telephone Company</b>			
Signature of authorized officer 		Date	<b>05/20/2021</b>
Printed name of authorized officer <b>James L. Bond</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(478) 847-6520</b>			
Study Area Code of Reporting Carrier	<b>220381</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Trenton Telephone Company**

Signature of authorized officer *Steven W. Tatum*

Date **5/28/2021**

Printed name of authorized officer **Steven W. Tatum**

Title or position of authorized officer **President**

Telephone number of authorized officer: **6574367**, ext.

Study Area Code of Reporting Carrier **220389**

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

June 16 2021

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WAVERLY HALL TELEPHONE, L.L.C.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Deborah Rand</b></p>				<p>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c., Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Deborah Rand</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>603-472-9786</b></p>					
Study Area Code of Reporting Carrier	<b>220392</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BARNARDSVILLE TEL. dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=barnardsville tel. dba riverstreet networks,l= , Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
Study Area Code of Reporting Carrier	<b>230469</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ELLERBE TEL. CO. dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=ellerbe tel. co. dba riverstreet networks,j= , Date:5/27/2021</small></p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230478</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

North State Telephone, LLC			
Üä) æ! ^Ä -Äs q! ä ^äÄ -æ! Ä <i>Mary McDermott</i>			05/26/2021
Mary McDermott			
General Counsel			
(540) 649-1710			
Üc ä ^Ä -Äs q! ä ^äÄ -æ! Ä	230491	Üä ^Ä -Äs q! ä ^äÄ -æ! Ä G { B ä D ^ ^ ^ D	June 16 2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				TOWN OF PINEVILLE DBA PINEVILLE TELEPHONE COMPANY	
Signature of authorized officer			Date		5-28-2021
Printed name of authorized officer			TAMMY J. VACHON		
Title or position of authorized officer			DIRECTOR OF TELECOMMUNICATIONS		
Telephone number of authorized officer:			(704) 889-2001		
Study Area Code of Reporting Carrier		230494	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANDOLPH TEL. MEMB. CORP. DBA RANDOLPH COMM.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kimberly Garner</span></p>				<p><small>Digitally signed by Kimberly Garner DN:cn=Kimberly Garner,email=kgarner@rtmc.coop,O=randolph tel. memb. corp. dba randolph comm.,l= , Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kimberly Garner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">336-879-7911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230496</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SURRY TELEPHONE MEMBERSHIP CORPORATION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Richard Parker</b></p>				<p><small>Digitally signed by Richard Parker DN:cn=Richard Parker,email=parkerr@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Richard Parker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-374-5021</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230497</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SALUDA MOUNTAIN TEL. dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=saluda mountain tel. dba riverstreet networks,l= , Date:5/27/2021</small></p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230498</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SERVICE TEL. CO. dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=service tel. co. dba riverstreet networks,j= , Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
Study Area Code of Reporting Carrier	<b>230500</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SURRY TELEPHONE MEMBERSHIP CORPORATION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Richard Parker</b></p>				<p><small>Digitally signed by Richard Parker DN:cn=Richard Parker,email=parkerr@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Richard Parker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-374-5021</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230503</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WILKES TEL MEMB CORP dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes tel memb corp dba riverstreet networks,l= , Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
Study Area Code of Reporting Carrier	<b>230505</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WILKES TEL MEMB CORP dba RIVERSTREET NETWORKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=wilkes tel memb corp dba riverstreet networks,l= , Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
Study Area Code of Reporting Carrier	<b>230510</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PALMETTO RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dewaine Wilson</b></p>				<small>Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.us,O=palmetto rural tel. coop., inc.,l= , Date:5/20/2021</small>  <p>Date: <b>5/20/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dewaine Wilson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>843 538-9382</b></p>					
Study Area Code of Reporting Carrier	<b>240536</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SANDHILL TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Lee Chambers</span></p>				<p><small>Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@mysandhill.net,O=sandhill tel. coop., inc.,l=Jefferson SC 29718, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Lee Chambers</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">843-658-6379</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">240546</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



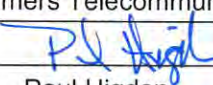
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CASTLEBERRY TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Homer Holland</span></p>				<p><small>Digitally signed by Homer Holland DN:cn=Homer Holland,email=cbtel_36432@yahoo.com,O=castleberry tel. co., inc.,I=Castleberry AL 36432, Date:5/26/2021</small></p> <p>Date: <span style="color: blue;">5/26/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Homer Holland</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">251-966-2110</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250285</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Farmers Telecommunications Cooperative, Inc.	
Signature of authorized officer				Date	05/25/2021
Printed name of authorized officer		Paul Higdon			
Title or position of authorized officer		Chief Financial Officer			
Telephone number of authorized officer: (256) 638-2144 ext.					
Study Area Code of Reporting Carrier	250290	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAYNEVILLE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Evelyn Causey</span></p>				<p><small>Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@htcnet.net,O=hayneville tel. co., inc.,l=Hayneville AL 36040, Date:5/26/2021</small></p>	
<p>Date: <span style="color: blue;">5/26/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Evelyn Causey</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/COO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">334-548-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250299</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MON-CRE TEL. COOP. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Teresa Rich</span></p>				<p><small>Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel. coop. inc.,l=Ramer AL 36069, Date:5/27/2021</small></p> <p>Date: <span style="color: blue;">5/27/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Teresa Rich</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">334-562-3242</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250305</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOUNDVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">R. Taylor</span></p>				<p><small>Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel. co.,l=Moundville AL 35474, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">R. Taylor</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">205-371-9011</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250307</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>				
<p>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).</p>				
Name of Reporting Carrier <b>New Hope Telephone Cooperative, Inc.</b>				
Signature of authorized officer 			Date	<b>05/25/2021</b>
Printed name of authorized officer <b>Daniel Martin</b>				
Title or position of authorized officer <b>General Manager</b>				
Telephone number of authorized officer: <b>(256) 723-4211</b>				
Study Area Code of Reporting Carrier		<b>250308</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
<p>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.</p>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE BELT TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Nettles</span></p>				<p><small>Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel. co.,l=Arlington AL 36722, Date:5/25/2021</small></p> <p>Date: <span style="color: blue;">5/25/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Nettles</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">334-385-2106</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250315</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>RAGLAND TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Matthew Jackson</b></p>				<p>Digitally signed by Matthew Jackson DN:cn=Matthew Jackson,email=mattjackson@ragland.net,O=ragland tel. co.,l=Ragland AL 35131, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Matthew Jackson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>205-472-2141</b></p>					
Study Area Code of Reporting Carrier	<b>250316</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UNION SPRINGS TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ray Wasden</span></p>				<p><small>Digitally signed by Ray Wasden DN:cn=Ray Wasden,email=ray.wasden@troycable.com,O=union springs tel. co.,l=Union Springs AL 36089, Date:5/26/2021</small></p>	
<p>Date: <span style="color: blue;">5/26/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ray Wasden</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">334-738-4400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250322</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BALLARD RURAL TEL. COOP. CORP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Grogan</b></p>				<p>Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=randy.grogan@btc.coop,O=ballard rural tel. coop. corp., inc.,l=La Center KY 42056, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Randy Grogan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>270-665-5186</b></p>					
Study Area Code of Reporting Carrier	<b>260396</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

## 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				Brandenburg Telephone Company, Inc.	
Signature of authorized officer			Date		05/20/2021
Printed name of authorized officer			Allison Willoughby		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(270) 422-2121		
Study Area Code of Reporting Carrier		260398	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUO COUNTY TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Daryl Hammond</span></p>				<p><small>Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duobroadband.com,O=duo county tel. coop., inc.,l=Jamestown KY 42629, Date:5/18/2021</small></p>	
<p>Date: <span style="color: blue;">5/18/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Daryl Hammond</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">700-343-1111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260401</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FOOTHILLS RURAL TEL. COOP. CORP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ruth Conley</b></p>				<p>Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural tel. coop. corp., inc.,l=Staffordsville KY 41256, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ruth Conley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>606-297-9131</b></p>					
Study Area Code of Reporting Carrier	<b>260406</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LOGAN TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gregory Hale</span></p>				<p><small>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop., inc.,l=Auburn KY 42206, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gregory Hale</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Executive V.P.</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">270-542-4121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260413</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOUNTAIN RURAL TEL. COOP. CORP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Shayne Ison</span></p>				<p><small>Digitally signed by Shayne Ison DN:cn=Shayne Ison,email=sison@mountaintelephone.com,O=mountain rural tel. coop. corp., inc.,l=West Liberty KY 41472, Date:5/21/2021</small></p>	
<p>Date: <span style="color: blue;">5/21/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Shayne Ison</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">606-743-3121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260414</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <i>Peoples Rural Telephone Coop.</i>			
Signature of authorized officer <i>Christine Duncan</i>		Date	<i>5-25-21</i>
Printed name of authorized officer <i>CHRISTINE DUNCAN</i>			
Title or position of authorized officer <i>CFO</i>			
Telephone number of authorized officer: <i>606, 287-5485</i> , ext.			
Study Area Code of Reporting Carrier	<i>260415</i>	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THACKER/GRIGSBY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>William Grigsby</b></p>				<p><small>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel. co., inc.,l=Hindman KY 41822, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>William Grigsby</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>606-785-9500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>260419</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WEST KY. RURAL TEL. COOP. CORP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tiffany Myers</b></p>				<p>Digitally signed by Tiffany Myers DN:cn=Tiffany Myers,email=tmyers@mywkt.coop,O=west ky. rural tel. coop. corp., inc., Date:5/18/2021</p>	
				<p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tiffany Myers</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>270-804-4110</b></p>					
Study Area Code of Reporting Carrier	<b>260421</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CAMPTI-PLEASANT HILL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tom Edens</b></p>				<p>Digitally signed by Tom Edens DN:cn=Tom Edens,email=tedens@epictouch.com,O=campiti-pleasant hill tel. co.,l=Natchitoches LA 71458, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tom Edens</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>318-352-0014</b></p>					
Study Area Code of Reporting Carrier	<b>270426</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DELCAMBRE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold; font-size: 1.2em;">Marcy Landry</span></p>				<p><small>Digitally signed by Marcy Landry DN:cn=Marcy Landry,email=mlandry@delcambre.net,O=delcambre tel. co.,l= , Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Marcy Landry</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">337-685-2311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270428</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KAPLAN TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Richard Constantin</b></p>				<p>Digitally signed by Richard Constantin DN:cn=Richard Constantin,email=rconstantin@kaptel.net,O=kaplan tel. co.,l=Kaplan LA 70548-0369, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Richard Constantin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Regulatory Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>337-643-4242</b></p>					
Study Area Code of Reporting Carrier	<b>270432</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST LOUISIANA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike George</b></p>				<p>Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana tel. co., inc.,l=Collinston LA 71229, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mike George</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President / General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>318-874-7011</b></p>					
Study Area Code of Reporting Carrier	<b>270435</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

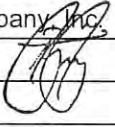
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RESERVE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Annette Faircloth</span></p>				<p><small>Digitally signed by Annette Faircloth DN:cn=Annette Faircloth,email=afaircloth@reservetele.com,O=reserve tel. co.,l=Reserve LA 70084-0519, Date:5/26/2021</small></p> <p>Date: <span style="color: blue;">5/26/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Annette Faircloth</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">V.P of Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">985-536-1271</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270438</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">STAR TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jeremy Smith</span></p>				<p><small>Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=star tel. co., inc.,l=Rockland ID 83271, Date:5/18/2021</small></p>	
<p>Date: <span style="color: blue;">5/18/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jeremy Smith</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-548-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270441</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier: Star Telephone Company, Inc.				
Signature of authorized officer: 				Date: 8/10/2021
Printed name of authorized officer: Tim May				
Title or position of authorized officer: General Manager				
Telephone number of authorized officer: (208) 548-2345 ext.				
Study Area Code of Reporting Carrier	270441		Filing Due Date for this form (mm/dd/yyyy)	August 2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DECATUR TEL. CO., INC.-MS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Esther Smith, PhD</b></p>				<p><small>Digitally signed by Esther Smith, PhD DN:cn=Esther Smith, PhD,email=esther@decaturtelephone.com,O=decatur tel. co., inc.-ms,l=Decatur MS 39327, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Esther Smith, PhD</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>601-635-2251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>280451</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FRANKLIN TEL. CO., INC.-MS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tom Griffin</b></p>				<p><small>Digitally signed by Tom Griffin DN:cn=Tom Griffin,email=tgriffin@franklintelephone.com,O=franklin tel. co., inc.-ms,l=Bude MS 39630, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tom Griffin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>601-384-3390</b></p>					
Study Area Code of Reporting Carrier	<b>280454</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GEORGETOWN TELE. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Joie Miller</b></p>				<p><small>Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlcoadmin.com,O=georgetown tele. co., inc.,l=Georgetown MS 39078, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Joie Miller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>601-858-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>280456</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Noxapater Telephone Company	
Signature of authorized officer			Date		May 17, 2021
Printed name of authorized officer			Charlotte Pearce		
Title or position of authorized officer			Vice-President		
Telephone number of authorized officer:			601) . 764-3171		
Study Area Code of Reporting Carrier		280461	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SLEDGE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Sledge Jr.</b></p>				<p><small>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel. co., inc.,l=Sunflower MS 38778, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Robert Sledge Jr.</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>662-569-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>280466</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARDMORE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tiffany Myers</span></p>				<p><small>Digitally signed by Tiffany Myers DN:cn=Tiffany Myers,email=tmyers@mywkt.coop,O=ardmore tel. co., inc.,l= , Date:5/18/2021</small></p>	
<p>Date: <span style="color: blue;">5/18/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tiffany Myers</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">270-804-4110</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290280</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p style="text-align: center;">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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Ben Lomand Rural Telephone Cooperative, Inc.	
Signature of authorized officer			Date		5/18/2021
Printed name of authorized officer			Jared Sain		
Title or position of authorized officer			Chief Financial Officer		
Telephone number of authorized officer:			(931) 668-4131		
Study Area Code of Reporting Carrier		290553	Filing Due Date for this form (mm/dd/yyyy)		June 16 2021
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Bledsoe Telephone Cooperative, Inc	
Signature of authorized officer		<i>John Lee Downey</i>		Date	5/25/21
Printed name of authorized officer		John Lee Downey			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(423) 447-2121			
Study Area Code of Reporting Carrier	290554	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

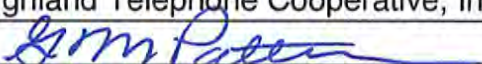
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DEKALB TEL. COOP, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Joe Mitchell</b></p>				<p>Digitally signed by Joe Mitchell DN:cn=Joe Mitchell,email=jmitchell@staff-dtc.com,O=dekalb tel. coop, inc.,l=Alexandria TN 37012, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Joe Mitchell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>615-464-2254</b></p>					
Study Area Code of Reporting Carrier	<b>290562</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					Highland Telephone Cooperative, Inc.				
Signature of authorized officer						Date		5/20/2021	
Printed name of authorized officer				G Mark Patterson					
Title or position of authorized officer				Chief Executive Officer - General Manager					
Telephone number of authorized officer:				(423) 628-2121					
Study Area Code of Reporting Carrier		290565		Filing Due Date for this form (mm/dd/yyyy)		June 16 2021			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LORETTO TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jason Shelton</b></p>				<p><small>Digitally signed by Jason Shelton DN:cn=Jason Shelton,email=jason.shelton@lorettotel.com,O=loretto tel. co., inc.,l=Loretto TN 38469, Date:5/27/2021</small></p> <p>Date: <b>5/27/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jason Shelton</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>931-853-3333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>290570</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTH CENTRAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Johnny McClanahan</b></p>				<p><small>Digitally signed by Johnny McClanahan DN:cn=Johnny McClanahan,email=johnny.mcclanahan@nctc.com,O=north central tel. coop., inc.,l=Lafayette TN 37083, Date:5/20/2021</small></p> <p>Date: <b>5/20/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Johnny McClanahan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President and CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>615-666-2151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>290573</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST KENTUCKY RURAL TELEPHONE COOP. CORP.-TN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tiffany Myers</span></p>				<p><small>Digitally signed by Tiffany Myers DN:cn=Tiffany Myers,email=tmyers@mywkt.coop,O=west kentucky rural telephone coop.-tn, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tiffany Myers</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">270-804-4110</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290598</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p style="text-align: center;">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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE ARTHUR MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Roughton</b></p>				<p>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual tel. co.,l= , Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Roughton</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Sec'y/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-393-2233</b></p>					
Study Area Code of Reporting Carrier	<b>300586</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">AYERSVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Phil Maag</span></p>				<p><small>Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel. co.,l= , Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Phil Maag</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Sec./Treas. &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-395-2222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300588</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BASCOM MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Laura Wise</b></p>				<p><small>Digitally signed by Laura Wise DN:cn=Laura Wise,email=law@bascomtelephone.com,O=bascom mutual tel. co.,l=Bascom OH 44809-0316, Date: 5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Laura Wise</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Board Assistant Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-937-2222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300589</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BENTON RIDGE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Miller</b></p>				<p><small>Digitally signed by Mark Miller DN:cn=Mark Miller,email=mmiller@watchtv.net,O=benton ridge tel. co.,l=, Date:5/24/2021</small></p> <p>Date: <b>5/24/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Mark Miller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/VP</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-859-2144</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300590</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Buckland Telephone Company	
Signature of authorized officer		<i>Douglas G. Place</i>		Date	05192021
Printed name of authorized officer		Douglas G. Place			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(419) 657-2222			
Study Area Code of Reporting Carrier	300591	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">THE CHAMPAIGN TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tiffany Ebersold</span>				<small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel. co.,l= , Date:5/20/2021</small> Date: <span style="color: blue;">5/20/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tiffany Ebersold</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">937-653-2263</span>					
Study Area Code of Reporting Carrier	300594		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MCCLURE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lance Miller</b></p>				<p>Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel. co.,l=McClure OH 43534-0026, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Lance Miller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-748-8032</b></p>					
Study Area Code of Reporting Carrier	<b>300598</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CONNEAUT TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Deanna Brown</span></p>				<p><small>Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@greatwavecom.com,O=conneaut tel. co.,l=Conneaut OH 44030, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Deanna Brown</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">440-593-7138</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300606</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DOYLESTOWN TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Thomas Brockman</span></p>				<p><small>Digitally signed by Thomas Brockman DN:cn=Thomas Brockman,email=tbrockman@doylestowntelephone.com,O=doylestown tel. co.,l= , Date:5/27/2021</small></p> <p>Date: <span style="color: blue;">5/27/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Thomas Brockman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">330-658-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300609</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE FARMERS MUTUAL TEL. CO.-OKOLONA, OH</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cheryl Bostelman</b></p>				<p>Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=the farmers mutual tel. co.-okolona, oh,j= , Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Cheryl Bostelman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-758-3303</b></p>					
Study Area Code of Reporting Carrier	<b>300612</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FORT JENNINGS TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Metzger</b></p>				<p><small>Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort jennings tel. co.,l=Ft. Jennings OH 45844-0146, Date:5/28/2021</small></p> <p>Date: <b>5/28/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michael Metzger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-286-2181</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300614</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLANDORF TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Hunt</span></p>				<p><small>Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@d@bright.net,O=glandorf tel. co., inc.,l=Glandorf OH 45848, Date:5/25/2021</small></p>	
<p>Date: <span style="color: blue;">5/25/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Hunt</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-538-6987</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300619</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KALIDA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chris Phillips</b></p>				<p>Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel. co., inc.,l=Kalida OH 45853, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Chris Phillips</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-532-3218</b></p>					
Study Area Code of Reporting Carrier	<b>300625</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MIDDLE POINT HOME TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-3993</b></p>					
Study Area Code of Reporting Carrier	<b>300633</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MINFORD TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paula McGraw</b></p>				<p>Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel. co., inc.,l=Minford OH 45653, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paula McGraw</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>740-820-2151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300634</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE NEW KNOXVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Preston Meyer</b></p>				<p>Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=pmeyer@nktelco.com,O=the new knoxville tel. co.,l=New Knoxville OH 45871-0219, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Preston Meyer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Sales Manager/Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-753-2457</b></p>					
Study Area Code of Reporting Carrier	<b>300639</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">THE NOVA TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Charles Mattingly</span></p>				<p><small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kcclenterprises.net,O=the nova tel. co.,l=Judson TX 75660, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Charles Mattingly</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">903-663-0099</span></p>					
Study Area Code of Reporting Carrier	300644		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE OTTOVILLE MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>William Honigford</b></p>				<p>Digitally signed by William Honigford DN:cn=William Honigford,email=billh@ottovillemutual.com,O=the ottoville mutual tel. co.,l=Ottoville OH 45876-0427, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>William Honigford</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-453-3324</b></p>					
Study Area Code of Reporting Carrier	<b>300650</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PATTERSONVILLE TEL. CO.-OH</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aaron Jones</b></p>				<p>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel. co.-oh,l=Carrollton OH 44615, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Aaron Jones</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>330-895-4391</b></p>					
Study Area Code of Reporting Carrier	<b>300651</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <span style="color: blue;">RIDGEVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dave Gobrogge</span></p>				<p><small>Digitally signed by Dave Gobrogge DN:cn=Dave Gobrogge,email=dgobrogge@bright.net,O=ridgeville tel. co.,l=Ridgeville Corners OH 43555, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dave Gobrogge</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Certification Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-267-5185</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300654</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHERWOOD MUTUAL TEL. ASSOC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Richard Rostorfer</span></p>				<p><small>Digitally signed by Richard Rostorfer DN:cn=Richard Rostorfer,email=rickrostorfer@smta.cc,O=sherwood mutual tel. assoc.,l=Sherwood OH 43556, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Rostorfer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-899-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300656</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SYCAMORE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Richard Ekleberry II</span></p>				<p><small>Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@sycltelco.com,O=sycamore tel. co.,l= , Date:5/26/2021</small></p>	
<p>Date: <span style="color: blue;">5/26/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Ekleberry II</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-927-6012</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300658</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">TELEPHONE SERVICE CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span>				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l=, Date:5/24/2021</small>  Date: <span style="color: blue;">5/24/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-3993</span>					
Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>VAUGHNSVILLE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Martha Kaplan</b></p>				<p>Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel. co., inc.,l=Vaughnsville OH 45893-0127, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Martha Kaplan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager/Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-646-3431</b></p>					
Study Area Code of Reporting Carrier	<b>300663</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WABASH MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Boley</span></p>				<p><small>Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel. co.,l= , Date:5/28/2021</small></p> <p>Date: <span style="color: blue;">5/28/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Boley</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-942-1111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300664</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLBAND COMMUNICATIONS COOPERATIVE</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ron Siegel</span></p>				<p><small>Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband communications cooperative, Date:5/18/2021</small></p>	
<p>Date: <span style="color: blue;">5/18/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ron Siegel</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">989-369-9870</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310542</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BARAGA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Stark</b></p>				<p>Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga telephone company,l=Baraga MI 49908, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Stark</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>906-353-6644</b></p>					
Study Area Code of Reporting Carrier	<b>310675</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BARRY COUNTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Stoll</span></p>				<p><small>Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel. co.,l=Delton MI 49046, Date:5/26/2021</small></p> <p>Date: <span style="color: blue;">5/26/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Stoll</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">GM/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">269-623-9971</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310676</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">BLANCHARD TELEPHONE CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ronald Ray</span>				<small>Digitally signed by Ronald Ray DN:cn=Ronald Ray,email=r ray@blanchardtel.com,O=blanchard telephone co.,l=Blanchard MI 49310, Date:5/20/2021</small> Date: <span style="color: blue;">5/20/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Ronald Ray</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">989-561-9932</span>					
Study Area Code of Reporting Carrier	310678		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BLOOMINGDALE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steve Shults</b></p>				<p><small>Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel. co.,l=Bloomingdale MI 49026, Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Steve Shults</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>269-521-7313</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310679</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CARR TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Terri Bogner</span></p>				<p><small>Digitally signed by Terri Bogner DN:cn=Terri Bogner,email=teri@carrinter.net,O=carr tel. co.,l= , Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Terri Bogner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">231-898-2244</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310683</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLIMAX TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Heather Haydo</span></p>				<p><small>Digitally signed by Heather Haydo DN:cn=Heather Haydo,email=hhaydo@ctstelecom.com,O=climax tel. co.,l=, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Heather Haydo</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">269-746-3244</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310688</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: <b>DEERFIELD FARMERS TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Parisien</b></p>				<p>Digitally signed by Robert Parisien DN:cn=Robert Parisien,email=robert.parisien@d-pcomm.com,O=deerfield farmers tel. co.,l= , Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Parisien</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>734-279-5514</b></p>					
Study Area Code of Reporting Carrier	<b>310691</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Farmers Mutual of Chapin	
Signature of authorized officer		<i>Laurie S. Ringle</i>		Date	5-21-2021
Printed name of authorized officer		Laurie S. Ringle			
Title or position of authorized officer		Treasurer			
Telephone number of authorized officer:		(989) 661-2476 ext.			
Study Area Code of Reporting Carrier	310694	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				KALEVA TELEPHONE COMPANY	
Signature of authorized officer			Date		5-19-21
Printed name of authorized officer			JON W. CRIBBS		
Title or position of authorized officer			PRESIDENT		
Telephone number of authorized officer:			(231) 362-3111		
Study Area Code of Reporting Carrier		310703	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <span style="color: blue;">ACE TEL. CO. OF MI, INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Todd Roesler</span></p>				<p><small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acentek.net,O=ace tel. co. of mi, inc.,l=Houston MN 55943-0360, Date:5/24/2021</small></p>	
<p>Date: <span style="color: blue;">5/24/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Todd Roesler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-896-6292</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310704</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
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Name of Reporting Carrier <u>Lennon Telephone Company</u>				
Signature of authorized officer <u>Randy Fletcher</u>			Date	<u>5/20/21</u>
Printed name of authorized officer <u>Randy Fletcher</u>				
Title or position of authorized officer <u>CFO / GM</u>				
Telephone number of authorized officer: <u>(816) 621-3201, ext.</u>				
Study Area Code of Reporting Carrier	<u>310708</u>	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <span style="color: blue;">MIDWAY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Camie Nebel-Conklin</span></p>				<p><small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Camie Nebel-Conklin</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">906-387-9911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310711</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: <b>HIAWATHA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Camie Nebel-Conklin</b></p>				<p>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=hiawatha telephone company, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Camie Nebel-Conklin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>906-387-9911</b></p>					
Study Area Code of Reporting Carrier	<b>310713</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OGDEN TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kristen Fisher</span></p>				<p><small>Digitally signed by Kristen Fisher DN:cn=Kristen Fisher,email=fisher@ogdentel.com,O=ogden tel. co.,l= , Date:5/20/2021</small></p>	
<p>Date: <span style="color: blue;">5/20/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kristen Fisher</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">517-443-5595</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310714</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ONTONAGON COUNTY TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Camie Nebel-Conklin</b></p>				<p><small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=ontonagon county tel. co.,l=- , Date:5/24/2021</small></p> <p>Date: <b>5/24/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Camie Nebel-Conklin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>906-387-9911</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310717</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PIGEON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Neal Eichler</span></p>				<p><small>Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel. co.,l=Pigeon MI 48755, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Neal Eichler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">989-453-4391</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310721</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SAND CREEK TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Harvey Souders</b></p>				<p>Digitally signed by Harvey Souders DN:cn=Harvey Souders,email=souders@sandcreektelco.com,O=sand creek tel. co.,l=Sand Creek MI 49279-0066, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Harvey Souders</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>517-436-3130</b></p>					
Study Area Code of Reporting Carrier	<b>310725</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRINGPORT TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Cutler</span></p>				<p><small>Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel. co.,l=Springport MI 49284-0208, Date:5/25/2021</small></p> <p>Date: <span style="color: blue;">5/25/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Cutler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">517-857-3100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310728</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UPPER PENINSULA TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Becky Schetter</span></p>				<p><small>Digitally signed by Becky Schetter DN:cn=Becky Schetter,email=becky.schetter@michbbs.com,O=upper peninsula tel. co.,l=Carney MI 49812-0086, Date:5/25/2021</small></p>	
<p>Date: <span style="color: blue;">5/25/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Becky Schetter</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">906-639-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310732</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>WALDRON TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Lucinda Bernath</b> <small>Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel. co.,l=Waldron MI 49288-0197, Date:5/21/2021</small>				Date: <b>5/21/2021</b>	
Printed name of Authorized Officer or employee: <b>Lucinda Bernath</b>					
Title or position of Authorized Officer or employee: <b>Vice President</b>					
Telephone number of Authorized Officer or employee: <b>517-286-6211</b>					
Study Area Code of Reporting Carrier	<b>310734</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier <b>Westphalia Telephone Company</b>			
Signature of authorized officer <i>Laurie Ringle</i>		Date	<b>5/20/21</b>
Printed name of authorized officer <b>Laurie Ringle</b>			
Title or position of authorized officer <b>Treasuer</b>			
Telephone number of authorized officer: <b>(989) 587-5008</b>			
Study Area Code of Reporting Carrier	<b>310735</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: WINN TEL. CO.					
Signature of Authorized Officer or employee: Mark Graf <div> <small>Digitally signed by Mark Graf DN:cn=Mark Graf,email=mgraf@winntel.com,O=winntel. co.,l=Winn MI 48896, Date:5/26/2021</small> </div>				Date: 5/26/2021	
Printed name of Authorized Officer or employee: Mark Graf					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 989-953-9876					
Study Area Code of Reporting Carrier	310737		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MICHIGAN CENTRAL BROADBAND COMPANY, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Becky Schetter</b></p>				<p>Digitally signed by Becky Schetter DN:cn=Becky Schetter,email=becky.schetter@michbbs.com,O=michigan central broadband company, llc,l=Carney MI 49812-0086, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Becky Schetter</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>906-639-2111</b></p>					
Study Area Code of Reporting Carrier	<b>310785</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BLOOMINGDALE HOME TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ronja Branson</b></p>				<p><small>Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingdaletel.com,O=bloomingdale home telephone company, inc.,l=Bloomington IN 47832, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Ronja Branson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>765-498-2000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320742</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITIZENS TEL. CORP.-WARREN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Joan Paxson</span></p>				<p><small>Digitally signed by Joan Paxson DN:cn=Joan Paxson,email=joanie@citznet.com,O=citizens tel. corp.-warren,I=Warren IN 46792, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joan Paxson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary, Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">260-375-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320751</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLAY CTY. RURAL TEL COOP INC D/B/A ENDEAVOR</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Darin LaCoursiere</span></p>				<p><small>Digitally signed by Darin LaCoursiere DN: cn=Darin LaCoursiere, email=darini@weEndeavor.com, O=clay cty. rural tel coop inc d/b/a endeavor, l=Cloverdale IN 46120-0237, Date: 5/25/2021</small></p> <p>Date: <span style="color: blue;">5/25/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Darin LaCoursiere</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President and CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">765-795-4261</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320753</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CRAIGVILLE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lee Von Gunten</b></p>				<p><small>Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel. co., inc.,l=Craigville IN 46731, Date:5/18/2021</small></p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Lee Von Gunten</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>260-565-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320756</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DAVIESS-MARTIN CTY. RURAL TEL. DBA RTC COMM.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kirk Lehman</span></p>				<p><small>Digitally signed by Kirk Lehman DN:cn=Kirk Lehman,email=klehman@rtccom.com,O=daviess-martin cty. rural tel. dba rtc comm.,l= , Date:5/20/2021</small></p>	
<p>Date: <span style="color: blue;">5/20/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kirk Lehman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/Executive VP</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">812-486-3211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320759</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GEETINGSVILLE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steve Scott</span></p>				<p><small>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel. co., inc.,l= , Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steve Scott</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">765-258-3111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320771</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>LIGONIER TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Randy Mead</b> <small>Digitally signed by Randy Mead DN:cn=Randy Mead,email=rmead@ligtel.net,O=Ligonier tel. co.,l= , Date:5/27/2021</small>				Date: <b>5/27/2021</b>	
Printed name of Authorized Officer or employee: <b>Randy Mead</b>					
Title or position of Authorized Officer or employee: <b>Vice President and General Manager</b>					
Telephone number of Authorized Officer or employee: <b>260-894-7161</b>					
Study Area Code of Reporting Carrier	<b>320783</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MONON TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanway</b></p>				<p>Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel. co., inc.,l=Monon IN 47959, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanway</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>219-253-6601</b></p>					
Study Area Code of Reporting Carrier	<b>320790</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MULBERRY COOP. TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Randy Maish</span></p>				<p><small>Digitally signed by Randy Maish DN:cn=Randy Maish,email=randy@mintel.net,O=mulberry coop. tel. co., inc.,l=Mulberry IN 46058-0370, Date:5/18/2021</small></p>	
<p>Date: <span style="color: blue;">5/18/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Randy Maish</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">765-296-2885</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320792</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NEW LISBON TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Greene</b></p>				<p>Digitally signed by John Greene DN:cn=John Greene,email=john.greene@nlbc.com,O=new lisbon tel co,l=New Lisbon IN 47366, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Greene</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>765-332-2413</b></p>					
Study Area Code of Reporting Carrier	<b>320796</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NEW PARIS TEL., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Penrose</b></p>				<p>Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel., inc.,I=New Paris IN 46553-0047, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Penrose</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>574-831-7115</b></p>					
Study Area Code of Reporting Carrier	<b>320797</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHWESTERN INDIANA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Long</b></p>				<p><small>Digitally signed by Thomas Long DN:cn=Thomas Long,email=tlong@nitco.com,O=northwestern indiana tel. co., inc.,l=Hebron IN 46341, Date:5/28/2021</small></p> <p>Date: <b>5/28/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Thomas Long</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>219-996-2981</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320800</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PERRY-SPENCER RURAL TEL. COOP., INC. DBA PSC</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Dauby</b></p>				<p><small>Digitally signed by James Dauby DN: cn=James Dauby, email=jdauby@psci.net, O=perry-spencer rural tel. coop., inc. dba psc, l=St. Meinrad IN 47577, Date: 5/25/2021</small></p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Dauby</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>812-357-2123</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320807</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PULASKI-WHITE RURAL TEL. COOP.dba LIGHTSTREAM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brent Gillum</b></p>				<p><small>Digitally signed by Brent Gillum DN:cn=Brent Gillum,email=bgillum@pwrtc.net,O=pulaski-white rural tel. coop.dba lightstream,l=Buffalo IN 47925, Date:5/20/2021</small></p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brent Gillum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>574-278-7121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320813</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCHESTER TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tyson Kalischuk</span></p>				<p><small>Digitally signed by Tyson Kalischuk DN:cn=Tyson Kalischuk,email=tyson.kalischuk@rtc1.com,O=rochester tel. co., inc.,l= , Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tyson Kalischuk</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP of Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">574-223-0241</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320815</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTHEASTERN INDIANA RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Anthony Clark</b></p>				<p><small>Digitally signed by Anthony Clark DN:cn=Anthony Clark,email=clarkt@seidata.com,O=southeastern indiana rural tel. coop., inc.,l= , Date:5/27/2021</small></p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Anthony Clark</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>812-667-5100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320819</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">SUNMAN TELECOMMUNICATIONS LLC</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Rodney Thiemann</span>				<small>Digitally signed by Rodney Thiemann DN:cn=Rodney Thiemann,email=rthiemann@gpcom.com,O=sunman telecommunications llc,l=Blair NE 68008-0500, Date:5/25/2021</small>  Date: <span style="color: blue;">5/25/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Rodney Thiemann</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Sr. Director-Regulatory Finances</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">402-426-6433</span>					
Study Area Code of Reporting Carrier	320825		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SWAYZEE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Timothy Miles</span></p>				<p><small>Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@swayzee.com,O=swayzee tel. co., inc.,l= , Date:5/26/2021</small></p> <p>Date: <span style="color: blue;">5/26/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Timothy Miles</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">765-922-7916</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320826</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SWEETSER RURAL TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Scott Winger</b></p>				<p>Digitally signed by Scott Winger DN:cn=Scott Winger,email=sawinger@comteck.com,O=sweetser rural tel. co., inc.,l=Sweetser IN 46987, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Scott Winger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>765-384-4311</b></p>					
Study Area Code of Reporting Carrier	<b>320827</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <u>Washington County Rural Telephone Cooperative, Inc</u>			
Signature of authorized officer <u>[Signature]</u>		Date <u>5/20/21</u>	
Printed name of authorized officer <u>ROLAND KING</u>			
Title or position of authorized officer <u>President</u>			
Telephone number of authorized officer: <u>812 967 3671</u>			
Study Area Code of Reporting Carrier	<u>320834</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>June 16 2021</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>YEOMAN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Blacker</b></p>				<p><small>Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@fiberhawk.com,O=yeoman tel. co., inc.,l= , Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>David Blacker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>574-965-2100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320839</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">AMERY TELCOM, INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michael Jensen</span></p>				<p><small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Michael Jensen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-268-7101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330842</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">AMHERST TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Carl Bohman</span></p>				<p><small>Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=carlb@tvalleycom.com,O=amherst tel. co.,l=Amherst WI 54406-0279, Date:5/21/2021</small></p> <p>Date: <span style="color: blue;">5/21/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Carl Bohman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-824-5529</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330843</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BALDWIN TELCOM., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Matt Sparks</span></p>				<p><small>Digitally signed by Matt Sparks DN:cn=Matt Sparks,email=matt.sparks@baldwin-telecom.net,O=baldwin telecom., inc.,l=Baldwin WI 54002, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Matt Sparks</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-684-1055</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330846</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BELMONT TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Deb Egli</b></p>				<p>Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=belmont tel. co.,l=Cuba City WI 53807, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Deb Egli</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>608-744-3500</b></p>					
Study Area Code of Reporting Carrier	<b>330847</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BERGEN TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brad Ellefson</b></p>				<p>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel. co.,l=Sharon WI 53585, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brad Ellefson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>262-736-9981</b></p>					
Study Area Code of Reporting Carrier	<b>330848</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BLOOMER TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kent Klima</b></p>				<p>Digitally signed by Kent Klima DN:cn=Kent Klima,email=kent.klima@bloomer.net,O=bloomer tel. co.,l=, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kent Klima</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-568-4830</b></p>					
Study Area Code of Reporting Carrier	<b>330850</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>BRUCE TEL. CO., INC.</b>					
Signature of Authorized Officer or employee: <b>John Manosky</b>				<small>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel. co., inc.,l= , Date:5/19/2021</small> Date: <b>5/19/2021</b>	
Printed name of Authorized Officer or employee: <b>John Manosky</b>					
Title or position of Authorized Officer or employee: <b>President &amp; General Manager</b>					
Telephone number of Authorized Officer or employee: <b>715-868-5111</b>					
Study Area Code of Reporting Carrier	<b>330855</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHEQUAMEGON COMMUNICATIONS COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Thompson</b></p>				<p><small>Digitally signed by Robert Thompson DN:cn=Robert Thompson,email=rthompson@norvado.com,O=chequamegon communications cooperative, inc.,l=Cable WI 54821, Date:5/18/2021</small></p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Thompson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-798-3303</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330860</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHIBARDUN TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Domenico Fornaro</span></p>				<p><small>Digitally signed by Domenico Fornaro DN:cn=Domenico Fornaro,email=dfornaro@mosaictelcom.com,O=chibardun tel. coop., inc.,l=Cameron WI 54822, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Domenico Fornaro</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-458-5400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330861</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITIZENS TEL. COOP., INC.-WI</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Dennis Bachman</span></p>				<p><small>Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel. coop., inc.-wi,l=New Auburn WI 54757-0127, Date:5/27/2021</small></p>	
<p>Date: <span style="color: blue;">5/27/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Bachman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-237-2605</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330863</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CLEAR LAKE TELEPHONE COMPANY, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tim Kusilek</b></p>				<p>Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake telephone company, llc,l=Clear Lake WI 54005, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tim Kusilek</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-263-2755</b></p>					
Study Area Code of Reporting Carrier	<b>330865</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COON VALLEY FARMERS TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Carol Olson</b></p>				<p><small>Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers tel. co., inc.,l=Coon Valley WI 54623-0398, Date:5/18/2021</small></p> <p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Carol Olson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>608-452-3101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330868</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CUBA CITY TEL. EXCH. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Deb Egli</span></p>				<p><small>Digitally signed by Deb Egli DN:cn=Deb Egli,email=deb@cstech.com,O=cuba city tel. exch. co.,l=Cuba City WI 53807, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Deb Egli</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">608-744-3500</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330872</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS IND. TEL. CO.-WI</b></p>					
<p>Signature of Authorized Officer or employee: <b>Terry Kucera</b></p>				<p><small>Digitally signed by Terry Kucera DN:cn=Terry Kucera,email=terry@grantsburgtelcom.com,O=farmers ind. tel. co.-wi,l=Grantsburg WI 54840-0447, Date:5/18/2021</small></p> <p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Terry Kucera</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager and Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-463-5322</b></p>					
Study Area Code of Reporting Carrier	<b>330879</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HILLSBORO TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Carla Shaker</span></p>				<p><small>Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel. co., inc.,l=Hillsboro WI 54634-0427, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Carla Shaker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer/Office Mgr.</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">608-489-3230</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330892</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LAKEFIELD TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dan Fabry</b></p>				<p><small>Digitally signed by Dan Fabry DN:cn=Dan Fabry,email=dan.fabry@nsight.com,O=lakefield telephone company,l=Green Bay WI 54307-9079, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dan Fabry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>920-617-7415</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330896</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA VALLE TEL. COOP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gregory Rockweiler</span></p>				<p><small>Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=gregr@ltc.coop,O=la valle tel. coop.,l=La Valle WI 53941, Date:5/27/2021</small></p> <p>Date: <span style="color: blue;">5/27/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gregory Rockweiler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">608-985-7201</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330899</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEMONWEIR VALLEY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Donna Rezin</span></p>				<p><small>Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=Donna.Rezin@getlynxx.com,O=lemonweir valley tel. co.,l=Camp Douglas WI 54618, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Donna Rezin</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">608-427-6515</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330900</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LAKELAND COMMUNICATIONS GROUP, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Crystal Morley</b></p>				<p>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystal.morley@lakeland.ws,O=Lakeland Communications Group, LLC,serial=1,location=Milltown WI 54858, Date: 5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Crystal Morley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-825-5105</b></p>					
Study Area Code of Reporting Carrier	<b>330902</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MANAWA TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Justin Huebner</span></p>				<p><small>Digitally signed by Justin Huebner DN:cn=Justin Huebner,email=jhuebner@solarus.net,O=manawa tel. co.,l=Wisconsin Rapids WI 54495-8045, Date:5/27/2021</small></p> <p>Date: <span style="color: blue;">5/27/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Justin Huebner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-421-8140</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330905</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p style="text-align: center;">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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARQUETTE-ADAMS TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jerry Schneider</span></p>				<p><small>Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquette-adams tel. coop., inc.,l=Oxford WI 53952, Date:5/21/2021</small></p>	
<p>Date: <span style="color: blue;">5/21/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jerry Schneider</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">608-586-4111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330908</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NELSON COMMUNICATIONS COOPERATIVE</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Christy Berger</span></p>				<p><small>Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@ntec.net,O=nelson communications cooperative,l=Durand WI 54736-0228, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Christy Berger</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-672-4204</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330918</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NIAGARA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dan Fabry</b></p>				<p><small>Digitally signed by Dan Fabry DN:cn=Dan Fabry,email=dan.fabry@nsight.com,O=niagara telephone company,l=Green Bay WI 54307-9079, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dan Fabry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>920-617-7415</b></p>					
Study Area Code of Reporting Carrier	<b>330920</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BAYLAND TELEPHONE, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dan Fabry</b></p>				<p><small>Digitally signed by Dan Fabry DN:cn=Dan Fabry,email=dan.fabry@nsight.com,O=bayland telephone, llc,l=Green Bay WI 54307-9079, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dan Fabry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>920-617-7415</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330925</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PRICE COUNTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Robert Thompson</span></p>				<p><small>Digitally signed by Robert Thompson DN:cn=Robert Thompson,email=rthompson@norvado.com,O=price county tel. co.,l=Cable WI 54821, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Thompson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-798-3303</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330937</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHEAST TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dan Fabry</span></p>				<p><small>Digitally signed by Dan Fabry DN:cn=Dan Fabry,email=dan.fabry@nsight.com,O=northeast tel. co.,l=Green Bay WI 54307-9079, Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dan Fabry</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">920-617-7415</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330938</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>RICHLAND-GRANT TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Bartz</b></p>				<p><small>Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mw.t.net,O=richland-grant tel. coop.,inc.,l=Blue River WI 53518, Date:5/26/2021</small></p> <p>Date: <b>5/26/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>John Bartz</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>608-537-2461</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330942</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHARON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brad Ellefson</span></p>				<p><small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel. co.,l=Sharon WI 53585, Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brad Ellefson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">262-736-9981</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330946</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SIREN TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Sid Sherstad</span></p>				<p><small>Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel. co., inc.,l=Siren WI 54872-0426, Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Sid Sherstad</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-349-2224</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330949</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOMERSET TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Jensen</b></p>				<p><small>Digitally signed by Michael Jensen DN:cn=Michael Jensen,email=mjensen@amerytel.net,O=somerset tel. co., inc.,l= , Date:5/18/2021</small></p> <p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michael Jensen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-268-7101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330951</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SPRING VALLEY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Carol Anderson</b></p>				<p><small>Digitally signed by Carol Anderson DN:cn=Carol Anderson,email=svtel@svtel.net,O=spring valley tel. co., inc.,l=Spring Valley WI 54767, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Carol Anderson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-778-4433</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330953</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cheryl Rue</b></p>				<p>Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county communications cooperative, inc.,l=Strum WI 54770, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Cheryl Rue</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-695-2691</b></p>					
Study Area Code of Reporting Carrier	<b>330960</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UNION TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Katherine Kehl</span></p>				<p><small>Digitally signed by Katherine Kehl DN:cn=Katherine Kehl,email=kkehl@uniontel.net,O=union tel. co.,l=Plainfield WI 54966-0096, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Katherine Kehl</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-335-6301</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330962</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>VERNON COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rodney Olson</b></p>				<p>Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernoncom.coop,O=vernon communications cooperative,l=Westby WI 54667, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rodney Olson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>608-634-7421</b></p>					
Study Area Code of Reporting Carrier	<b>330966</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST WISCONSIN TELCOM COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Stenseth</span></p>				<p><small>Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=west wisconsin telecom coop., inc.,l=Downsville WI 54735, Date:5/21/2021</small></p>	
<p>Date: <span style="color: blue;">5/21/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Stenseth</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-664-8311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330971</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WITTENBERG TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Linda Garbelman</b></p>				<p>Digitally signed by Linda Garbelman DN:cn=Linda Garbelman,email=lgarbelman@cirrinity.net,O=wittenberg tel. co.,l=Wittenberg WI 54499, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Linda Garbelman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-253-2115</b></p>					
Study Area Code of Reporting Carrier	<b>330973</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WOOD COUNTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Justin Huebner</span></p>				<p><small>Digitally signed by Justin Huebner DN:cn=Justin Huebner,email=jhuebner@solarus.net,O=wood county tel. co.,l=Wisconsin Rapids WI 54495-8045, Date:5/27/2021</small></p> <p>Date: <span style="color: blue;">5/27/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Justin Huebner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-421-8140</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330974</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ADAMS TEL. COOP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Broemmer Jr.</b></p>				<p>Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbrommer@adamstel.com,O=adams tel. coop.,l=Golden IL 62339-0217, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Broemmer Jr.</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>217-696-4411</b></p>					
Study Area Code of Reporting Carrier	<b>340976</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ALHAMBRA - GRANTFORK TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Osterbur</b></p>				<p>Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@exchange.agtelco.com,O=alhambr a - grantfork telephone company, Alhambra IL 62001-0207, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kevin Osterbur</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-488-2165</b></p>					
Study Area Code of Reporting Carrier	<b>340978</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CAMBRIDGE TEL. CO.-IL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Judith Denys</b></p>				<p><small>Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=cambridge tel. co.-il, =Geneseo IL 61254-0330, Date:5/25/2021</small></p> <p>Date: <b>5/25/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Judith Denys</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-944-8017</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>340983</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CASS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Amy Parlier</b></p>				<p>Digitally signed by Amy Parlier DN:cn=Amy Parlier,email=amy@casscomm.com,O=cass telephone company,l=Virginia IL 62691, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Amy Parlier</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>217-452-4112</b></p>					
Study Area Code of Reporting Carrier	<b>340984</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	CLARKSVILLE MUTUAL TELEPHONE COMPANY		
Signature of authorized officer	<i>Patricia Rhoads</i>	Date	5-19-2021
Printed name of authorized officer	PATRICIA RHOADS		
Title or position of authorized officer	SEC - TREASURER		
Telephone number of authorized officer:	217,819-3822, ext. —		
Study Area Code of Reporting Carrier	340950	Filing Due Date for this form (mm/dd/yyyy)	June 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.			

TRANSMITTAL NO. 1635

05/19/2021 5:23PM (GMT-04:00)

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CROSSVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chris Birkla</span></p>				<p><small>Digitally signed by Chris Birkla DN:cn=Chris Birkla,email=cbirkla@crosstelco.com,O=crossville tel. co.,l=Crossville IL 62827, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Chris Birkla</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant Secretary/Treasurer/General Mg</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">618-966-2196</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">340993</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>EGYPTIAN TEL. COOP. ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Matt Bollinger</b></p>				<p>Digitally signed by Matt Bollinger DN:cn=Matt Bollinger,email=mbollinger@egyptian.net,O=egyptian tel. coop. assn.,l= , Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Matt Bollinger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-774-1000</b></p>					
Study Area Code of Reporting Carrier	<b>341003</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FLAT ROCK TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Barry Adair</b></p>				<p><small>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=flat rock tel. coop., inc.,l=Louisville IL 62858, Date:5/24/2021</small></p> <p>Date: <b>5/24/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Barry Adair</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-665-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341012</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GENESEO TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Judith Denys</span></p>				<p><small>Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=geneseo tel. co.,l=Geneseo IL 61254-0330, Date:5/25/2021</small></p> <p>Date: <span style="color: blue;">5/25/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Judith Denys</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">309-944-8017</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341016</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLASFORD TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Duane Goetze</span></p>					<p><small>Digitally signed by Duane Goetze DN:cn=Duane Goetze,email=swbgtc@glasfel.net,O=glasford tel. co.,l=Glasford IL 61533, Date:5/20/2021</small></p>
<p>Date: <span style="color: blue;">5/20/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Duane Goetze</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">309-389-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341017</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>GRAFTON TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Leigh Sickinger</b> <small>Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grifton tel. co.,l=Grafton IL 62037, Date:5/22/2021</small>				Date: <b>5/22/2021</b>	
Printed name of Authorized Officer or employee: <b>Leigh Sickinger</b>					
Title or position of Authorized Officer or employee: <b>Vice President</b>					
Telephone number of Authorized Officer or employee: <b>618-786-3400</b>					
Study Area Code of Reporting Carrier	<b>341020</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">THE GRANDVIEW MUTUAL TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Angela Tate</span>				<small>Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=the grandview mutual tel. co.,l= , Date:5/20/2021</small>  Date: <span style="color: blue;">5/20/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Angela Tate</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">217-946-4101</span>					
Study Area Code of Reporting Carrier	341021		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>GRIDLEY TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Herb Flesher</b> <small>Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel. co.,l=Gridley IL 61744-0129, Date:5/19/2021</small>				Date: <b>5/19/2021</b>	
Printed name of Authorized Officer or employee: <b>Herb Flesher</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>309-747-3780</b>					
Study Area Code of Reporting Carrier	<b>341023</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Hamilton County Telephone Co-op	
Signature of authorized officer				Date	5-18-21
Printed name of authorized officer		Kevin Pyle			
Title or position of authorized officer		GM/EVP			
Telephone number of authorized officer: (618) 736-2211 ext.					
Study Area Code of Reporting Carrier		341024	Filing Due Date for this form (mm/dd/yyyy)	June16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SHAWNEE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Grisham</b></p>				<p>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee telephone company,l=Equality IL 62934, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Grisham</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-276-4211</b></p>					
Study Area Code of Reporting Carrier	<b>341025</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HENRY COUNTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Judith Denys</span></p>				<p><small>Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=henry county tel. co.,l=Geneseo IL 61254-0330, Date:5/25/2021</small></p> <p>Date: <span style="color: blue;">5/25/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Judith Denys</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">309-944-8017</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341029</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HOME TELEPHONE COMPANY-ST. JACOB</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Schmidt</b></p>				<p><small>Digitally signed by Eric Schmidt DN:cn=Eric Schmidt,email=eschmidt@hometel.com,O=home telephone company-st. jacob,l=St. Jacob IL 62281, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Schmidt</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-644-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341032</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KINSMAN MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michelle Baudino</span></p>				<p><small>Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel. co.,l=Kinsman IL 60437, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Michelle Baudino</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">815-392-4210</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341041</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LA HARPE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Todd Irish</b></p>				<p>Digitally signed by Todd Irish DN:cn=Todd Irish,email=todd@laharpetelephone.com,O=la harpe tel. co.,l=La Harpe IL 61450, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Todd Irish</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>217-659-7721</b></p>					
Study Area Code of Reporting Carrier	<b>341043</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEAF RIVER TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aaron Palmer</span></p>				<p><small>Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lrnet1.com,O=leaf river tel. co.,l=Leaf River IL 61047, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Aaron Palmer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">815-738-2216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341045</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LEONORE MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Donna Naas</b></p>				<p><small>Digitally signed by Donna Naas DN:cn=Donna Naas,email=lmtc@lmtc.net,O=leonore mutual tel. co.,l=Leonore IL 61332, Date:5/21/2021</small></p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Donna Naas</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>815-856-3164</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341046</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MCDONOUGH TELEPHONE COOPERATIVE</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jay Griswold</span></p>				<p><small>Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jgriswold@mdtc.net,O=mcdonough telephone cooperative,l=Colchester IL 62326, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jay Griswold</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">309-776-3211</span></p>					
Study Area Code of Reporting Carrier	341047		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MCNABB TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Richard Ashdown</span></p>				<p><small>Digitally signed by Richard Ashdown DN:cn=Richard Ashdown,email=rashdown@nabbnet.com,O=mcnabb tel. co.,l=McNabb IL 61335, Date:5/20/2021</small></p> <p>Date: <span style="color: blue;">5/20/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Ashdown</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">815-882-2201</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341048</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <b>Madison Telephone Company</b>			
Signature of authorized officer <i>Mary Westerhold</i>		Date <b>05/26/2021</b>	
Printed name of authorized officer <b>Mary Westerhold</b>			
Title or position of authorized officer <b>VP/CFO</b>			
Telephone number of authorized officer: <b>(618) 635-1000</b>			
Study Area Code of Reporting Carrier	<b>341049</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MARSEILLES TEL. CO. OF MARS.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ann Dickerson</b></p>				<p>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=adickerson@corp.mtco.com,O=marseilles tel. co. of mars.,l=Metamora IL 61548-0800, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ann Dickerson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-367-4197</b></p>					
Study Area Code of Reporting Carrier	<b>341050</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">METAMORA TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ann Dickerson</span>				<small>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=adickerson@corp.mtco.com,O=metamora tel. co.,l=Metamora IL 61548-0800, Date:5/19/2021</small>  Date: <span style="color: blue;">5/19/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Ann Dickerson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">309-367-4197</span>					
Study Area Code of Reporting Carrier	341053		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MID CENTURY TELEPHONE CO-OPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Broemmer, Jr.</b></p>				<p><small>Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jimbrommer@adamstel.com,O=mid century telephone co-operative,l=Fairview IL 61432, Date:5/24/2021</small></p> <p>Date: <b>5/24/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>James Broemmer, Jr.</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-778-8611</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341054</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MONTROSE MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Barry Adair</b></p>				<p>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=montrose mutual tel. co.,l=Louisville IL 62858, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Barry Adair</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-665-3311</b></p>					
Study Area Code of Reporting Carrier	<b>341058</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MOULTRIE INDEPENDENT TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Grisham</b></p>				<p>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=moultrie independent tel. co.,I=Equality IL 62934, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Grisham</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-276-4211</b></p>					
Study Area Code of Reporting Carrier	<b>341060</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NEW WINDSOR TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Sharon Sims</b></p>				<p>Digitally signed by Sharon Sims DN:cn=Sharon Sims,email=nwofficer667@gmail.com,O=new windsor tel. co.,l=New Windsor IL 61465, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Sharon Sims</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-667-2712</b></p>					
Study Area Code of Reporting Carrier	<b>341062</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Oneida Telephone Exchange	
Signature of authorized officer		<i>William R. Murdoch</i>		Date	5/18/2021
Printed name of authorized officer		William R. Murdoch			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(309) 483-3111 ext.			
Study Area Code of Reporting Carrier		341066	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">REYNOLDS TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jace Taylor</span>				<small>Digitally signed by Jace Taylor DN:cn=Jace Taylor,email=jataylor@reysel.net,O=reynolds tel. co.,l=Reynolds IL 61279, Date:5/18/2021</small> Date: <span style="color: blue;">5/18/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Jace Taylor</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">309-372-4214</span>					
Study Area Code of Reporting Carrier	341075		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TONICA TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Lloyd Vogel</span></p>				<p><small>Digitally signed by Lloyd Vogel DN:cn=Lloyd Vogel,email=tontel@tonicacom.net,O=tonica tel. co.,l=Tonica IL 61370-0158, Date:5/20/2021</small></p> <p>Date: <span style="color: blue;">5/20/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Lloyd Vogel</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">815-442-9901</span></p>					
Study Area Code of Reporting Carrier	341086		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">VIOLA HOME TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jay Barton</span>				<small>Digitally signed by Jay Barton DN:cn=Jay Barton,email=jay@violatel.com,O=viola home tel. co.,l=Viola IL 61486, Date:5/18/2021</small> Date: <span style="color: blue;">5/18/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Jay Barton</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant Secretary</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">309-596-2222</span>					
Study Area Code of Reporting Carrier	341087		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WABASH TEL COOP, INC. DBA WABASH COMM CO-OP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Barry Adair</b></p>				<p>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=wabash tel coop, inc. dba wabash comm co-op,l=Louisville IL 62858, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Barry Adair</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-665-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341088</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WOODHULL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Philip Wirt</b></p>				<p>Digitally signed by Philip Wirt DN:cn=Philip Wirt,email=pwirtwc@divcominc.net,O=woodhull telephone company,l=Woodhull IL 61490-0117, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Philip Wirt</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-334-2150</b></p>					
Study Area Code of Reporting Carrier	<b>341091</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">STELLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Candice Chaffee</span></p>				<p><small>Digitally signed by Candice Chaffee DN:cn=Candice Chaffee,email=stelletelephone@stelle.net,O=stelle tel. co.,l= , Date:5/20/2021</small></p>	
<p>Date: <span style="color: blue;">5/20/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Candice Chaffee</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Financial /Admin Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">815-256-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341092</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>REASNOR TELEPHONE COMPANY, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Johnny Harvison</b></p>				<p><small>Digitally signed by Johnny Harvison DN:cn=Johnny Harvison,email=johnny.harvison@dynprod.net,O=reasnor telephone company, llc, Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Johnny Harvison</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>817-838-1800</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>350739</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>ANDREW TEL. CO., INC.</b>					
Signature of Authorized Officer or employee: <b>JoAnne Gregorich</b>				Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel. co., inc.,l=LaMotte IA 52054, Date:5/18/2021 Date: <b>5/18/2021</b>	
Printed name of Authorized Officer or employee: <b>JoAnne Gregorich</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>563-773-2213</b>					
Study Area Code of Reporting Carrier	<b>351097</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier:      <b>WESTSIDE INDP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Kevin Skinner</b></p>				<p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=ksskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/20/2021</small></p>	
<p>Date:      <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Kevin Skinner</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>712-673-2311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351100</b></p>	<p><b>6/16/2021</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p><b>6/16/2021</b></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ATKINS TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gerald Spaight</span></p>				<p><small>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atcomm.net,O=atkins tel. co.,l=Atkins IA 52206, Date:5/25/2021</small></p> <p>Date: <span style="color: blue;">5/25/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gerald Spaight</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager / Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-446-7331</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351101</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>AYRSHIRE FMRS. MUT. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Donald Miller</b></p>				<p>Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=ayrshire fmrs. mut. tel. co.,l=, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Donald Miller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-776-2222</b></p>					
Study Area Code of Reporting Carrier	<b>351105</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALPINE COMMUNICATIONS, L.C.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chris Hopp</span></p>				<p><small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine communications, l.c.,l=Elkader IA 52043, Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Chris Hopp</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-245-4480</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351106</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BALDWIN-NASHVILLE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brian Rickels</b></p>				<p><small>Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville tel. co., inc.,l=Baldwin IA 52207-0050, Date:5/20/2021</small></p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brian Rickels</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-673-6001</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351107</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BARNES CITY COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Diane Henry</span></p>				<p><small>Digitally signed by Diane Henry DN:cn=Diane Henry,email=barnescity@netins.net,O=barnes city coop. tel. co.,l=Barnes City IA 50027, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Diane Henry</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-644-5214</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351108</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BERNARD TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kyle Manders</b></p>				<p><small>Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel. co., inc.,l=Bernard IA 52032-0068, Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kyle Manders</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-879-3203</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351110</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BREDA TEL. CORPORATION</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kevin Skinner</span></p>				<p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=breda tel. corporation, Breda IA 51436-0109, Date:5/20/2021</small></p> <p>Date: <span style="color: blue;">5/20/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kevin Skinner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-673-2311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351112</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BROOKLYN MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tim Atkinson</b></p>				<p>Digitally signed by Tim Atkinson DN:cn=Tim Atkinson,email=brookmt@netins.net,O=brooklyn mutual tel. co.,l=Brooklyn IA 52211-0513, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tim Atkinson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-522-9211</b></p>					
Study Area Code of Reporting Carrier	<b>351113</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BUTLER-BREMER MUT. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Andrea Hansen</b></p>				<p>Digitally signed by Andrea Hansen DN:cn=Andrea Hansen,email=andrea@butler-bremer.biz,O=butler-bremer mut. tel. co.,l=Plainfield IA 50666-0099, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Andrea Hansen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/GM</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-276-4458</b></p>					
Study Area Code of Reporting Carrier	<b>351115</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CASCADE COMMUNICATIONS COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Gibson</b></p>				<p><small>Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade communications company,l=Cascade IA 52033-0250, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Gibson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-852-3710</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351118</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CASEY MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Breining</span></p>				<p><small>Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel. co.,l=Casey IA 50048, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Breining</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-746-2222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351119</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CENTER JUNCTION TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Russ Benke</span></p>				<p><small>Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=center junction tel. co., inc.,l=Center Junction IA 52212, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Russ Benke</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-487-2631</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351121</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>CENTRAL SCOTT TEL.</b>					
Signature of Authorized Officer or employee: <b>Kent Dau</b> <small>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel.,l=Eldridge IA 52748, Date:5/24/2021</small>				Date: <b>5/24/2021</b>	
Printed name of Authorized Officer or employee: <b>Kent Dau</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>563-285-9611</b>					
Study Area Code of Reporting Carrier	<b>351125</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CITIZENS MUTUAL TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Vince Tyson</b></p>				<p>Digitally signed by Vince Tyson DN:cn=Vince Tyson,email=vtyson@mycmtech.com,O=citizens mutual telephone cooperative, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Vince Tyson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-664-2074</b></p>					
Study Area Code of Reporting Carrier	<b>351129</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CLARENCE TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chad Fall</span>				<small>Digitally signed by Chad Fall DN:cn=Chad Fall,email=ctcmanager@netins.net,O=clarence tel. co.,inc.,l=Clarence IA 52216, Date:5/18/2021</small>  Date: <span style="color: blue;">5/18/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Chad Fall</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">563-452-3852</span>					
Study Area Code of Reporting Carrier	351130		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">C-M-L TEL. COOP. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Johnson</span></p>				<p><small>Digitally signed by Bruce Johnson DN:cn=Bruce Johnson,email=cmltelco@netins.net,O=c-m-l tel. coop. assn.,l=Meriden IA 51037-0018, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Johnson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-443-8222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351133</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COLO TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Larry Springer</span></p>				<p><small>Digitally signed by Larry Springer DN:cn=Larry Springer,email=larrycolo@netins.net,O=colo tel. co.,l=Colo IA 50056-0315, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Larry Springer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-377-2202</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351134</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SHELLSBURG CABLEVISION, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curtis Eldred</b></p>				<p><small>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@usacomm.coop,O=shellsburg cablevision, inc.,l=Shellsburg IA 52332, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Curtis Eldred</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-436-2224</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351136</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COON VALLEY COOP. TEL. ASSN., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jim Nelson</b></p>				<p>Digitally signed by Jim Nelson DN:cn=Jim Nelson,email=jnelson@coonvalleytelco.com,O=coon valley coop. tel. assn., inc.,l=Menlo IA 50164, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jim Nelson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-524-2111</b></p>					
Study Area Code of Reporting Carrier	<b>351137</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">COOP. TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Schabacker</span>				<small>Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=coop.tel@netins.net,O=coop. tel. co.,l=Victor IA 52347, Date:5/21/2021</small> Date: <span style="color: blue;">5/21/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Schabacker</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer/General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">319-647-3131</span>					
Study Area Code of Reporting Carrier	351139		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CORN BELT TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Lee Wuebker</span></p>				<p><small>Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=cornbelt@netins.net,O=corn belt tel. co.,l=Wall Lake IA 51466, Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Lee Wuebker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-664-2221</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351141</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CUMBERLAND TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Vickie Adams</b></p>				<p><small>Digitally signed by Vickie Adams DN:cn=Vickie Adams,email=vickie_ctc@netins.net,O=cumberland tel. co.,l=Cumberland IA 50843, Date:5/25/2021</small></p> <p>Date: <b>5/25/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Vickie Adams</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-774-2221</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351146</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DANVILLE MUT. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Timothy FencI</b></p>				<p>Digitally signed by Timothy FencI DN:cn=Timothy FencI,email=tfenci@danvilletelco.net,O=danville mut. tel. co.,l=Danville IA 52623, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Timothy FencI</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-392-4251</b></p>					
Study Area Code of Reporting Carrier	<b>351147</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOPERATIVE TEL CO (DEFIANCE)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Conry</b></p>				<p>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual cooperative tel co (defiance),l=Harlan IA 51537-0311, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-744-3131</b></p>					
Study Area Code of Reporting Carrier	<b>351149</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DIXON ACQUISITION, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kent Dau</b></p>				<p>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=dixon acquisition, llc,l=Eldridge IA 52748, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kent Dau</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-285-9611</b></p>					
Study Area Code of Reporting Carrier	<b>351150</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DUMONT TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Roger Kregel</b></p>				<p>Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@dumonttelephone.com,O=dumont tel. co.,l=Dumont IA 50625-0349, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Roger Kregel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-857-3211</b></p>					
Study Area Code of Reporting Carrier	<b>351152</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DUNKERTON TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Abbi Kienast</b></p>				<p>Digitally signed by Abbi Kienast DN:cn=Abbi Kienast,email=abbi@dunkerton.net,O=dunkerton tel. coop.,inc.,l=Dunkerton IA 50626, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Abbi Kienast</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-822-4512</b></p>					
Study Area Code of Reporting Carrier	<b>351153</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>EAST BUCHANAN TEL. COOP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Becker</b></p>				<p>Digitally signed by Michael Becker DN:cn=Michael Becker, email=mike.becker@eastbuchanan.com, O=east buchanan tel. coop., I= , Date: 5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Michael Becker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-935-3011</b></p>					
Study Area Code of Reporting Carrier	<b>351156</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				East Buchanan Telephone Cooperative	
Signature of authorized officer		<i>Mike Becker</i>		Date	12/14/2021
Printed name of authorized officer		Mike Becker			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(319) 935-3011 ext.			
Study Area Code of Reporting Carrier	351156	Filing Due Date for this form (mm/dd/yyyy)	December 2021		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ELLSWORTH COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Joshua Angove</span></p>				<p><small>Digitally signed by Joshua Angove DN:cn=Joshua Angove,email=jangove@netins.net,O=ellsworth coop. tel. assn.,l=Ellsworth IA 50075-0458, Date:5/21/2021</small></p> <p>Date: <span style="color: blue;">5/21/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joshua Angove</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-836-4431</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351157</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MINBURN TELECOMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Debra Lucht</b></p>				<p>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecommunications, inc.,I=Minburn IA 50167, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Debra Lucht</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-677-2264</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351158</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>F&amp;B COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kenneth Laursen</b></p>				<p><small>Digitally signed by Kenneth Laursen DN:cn=Kenneth Laursen,email=ken@fbc-tele.com,O=f&amp;b communications, inc.,l=Wheatland IA 52777-0309, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kenneth Laursen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Assistant Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-374-1236</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351160</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS COOP. TEL. CO.-DYSART</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shelly Franzenburg</b></p>				<p><small>Digitally signed by Shelly Franzenburg DN:cn=Shelly Franzenburg,email=sfranzenburg@ftc.coop,O=farmers coop. tel. co.-dysart,lc=Dysart IA 52224-0280, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shelly Franzenburg</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-476-7800</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351162</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS &amp; MERCHANTS MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ray Fear</b></p>				<p><small>Digitally signed by Ray Fear DN:cn=Ray Fear,email=rayfear@farmtel.com,O=farmers &amp; merchants mutual tel. co.,l= , Date:5/27/2021</small></p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ray Fear</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Operations Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-256-2736</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351166</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP TEL CO- HARLAN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Conry</b></p>				<p><small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop tel co-harlan,lc=Harlan IA 51537-0311, Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-744-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351168</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP. TEL. CO.-MOULTON</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tammy Wheeler</b></p>				<p>Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=twheeler@netins.net,O=farmers mutual coop. tel. co.-moulton,l=Moulton IA 52572, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tammy Wheeler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-642-3249</b></p>					
Study Area Code of Reporting Carrier	<b>351169</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. CO.-JESUP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tony Lang</b></p>				<p><small>Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual tel. co.-jesup,l=Jesup IA 50648-0249, Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tony Lang</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-827-1151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351171</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. CO.-NORA SPRINGS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Josh Hveem</b></p>				<p><small>Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,l=Truro IA 50257, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-765-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351172</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. COOP.-SHELLSBURG</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curtis Eldred</b></p>				<p><small>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@usacomm.coop,O=farmers mutual tel. coop.-shellsburg,l=Shellsburg IA 52332, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Curtis Eldred</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-436-2224</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351173</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TELEPHONE CO. OF STANTON, IOWA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tim Eklund</b></p>				<p>Digitally signed by Tim Eklund DN:cn=Tim Eklund,email=teklund@fmtcnet.com,O=farmers mutual telephone co. of stanton, iowa, Stanton IA 51573-0220, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tim Eklund</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-829-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351174</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL. CO.-BATAVIA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Vince Tyson</b></p>				<p><small>Digitally signed by Vince Tyson DN:cn=Vince Tyson,email=vtyson@mycmtech.com,O=farmers tel. co.-batavia,j= , Date:5/24/2021</small></p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Vince Tyson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-664-2074</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351175</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL. CO.-ESSEX</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tim Hill</b></p>				<p>Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel. co.-essex,l=Essex IA 51638, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tim Hill</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-379-3001</b></p>					
Study Area Code of Reporting Carrier	<b>351176</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL. CO.-RICEVILLE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Josh Hveem</b></p>				<p>Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers tel. co.-riceville, =Truro IA 50257, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-765-4201</b></p>					
Study Area Code of Reporting Carrier	<b>351177</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FENTON COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Longhenry</b></p>				<p><small>Digitally signed by Steven Longhenry DN:cn=Steven Longhenry,email=fntn@netins.net,O=fenton coop. tel. co.,l=Fenton IA 50539, Date:5/25/2021</small></p> <p>Date: <b>5/25/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Steven Longhenry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-889-2785</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351179</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PARTNER COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Arthur Cooper</b></p>				<p><small>Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=tophog@partnercom.net,O=partner communications cooperative, Date:5/18/2021</small></p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Arthur Cooper</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Board President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-498-7701</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351187</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GOLDFIELD TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jared Johnson</span></p>				<p><small>Digitally signed by Jared Johnson DN:cn=Jared Johnson,email=jaredj@goldfieldaccess.net,O=goldfield tel. co.,l=Goldfield IA 50542-0067, Date:5/26/2021</small></p> <p>Date: <span style="color: blue;">5/26/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jared Johnson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-825-3766</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351188</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier: River Valley Telecommunications Coop			
Signature of authorized officer: 		Date:	5/18/21
Printed name of authorized officer: Pamela Studer			
Title or position of authorized officer: Secretary			
Telephone number of authorized officer: (712) 859-3300			
Study Area Code of Reporting Carrier	351189	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GRAND MOUND COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Travis Ballou</span></p>				<p><small>Digitally signed by Travis Ballou DN:cn=Travis Ballou,email=tballou@gmcta.coop,O=grand mound coop.tel. assn.,l=Grand Mound IA 52751, Date:5/26/2021</small></p> <p>Date: <span style="color: blue;">5/26/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Travis Ballou</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-847-3000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351191</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

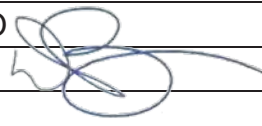
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GRISWOLD COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Amy McLaren</b></p>				<p>Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gctc@netins.net,O=griswold coop. tel. co.,l=Griswold IA 51535-0640, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Amy McLaren</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-778-2121</b></p>					
Study Area Code of Reporting Carrier	<b>351195</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Name of Reporting Carrier <b>HAWKEYE TEL. CO</b>			
Signature of authorized officer 		Date	<b>5/21/2021</b>
Printed name of authorized officer <b>DAVID BYERS</b>			
Title or position of authorized officer <b>GENERAL MANAGER</b>			
Telephone number of authorized officer: <b>(563) 539-2122</b>			
Study Area Code of Reporting Carrier	<b>351199</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
<p><b>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.</b></p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HUBBARD COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Lowe</span></p>				<p><small>Digitally signed by David Lowe DN:cn=David Lowe,email=hubbard1@netins.net,O=hubbard coop. tel. assn.,l=Hubbard IA 50122-0428, Date:5/21/2021</small></p> <p>Date: <span style="color: blue;">5/21/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Lowe</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-864-2216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351203</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HUXLEY COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Levi Bappe</b></p>				<p>Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=levi@huxleycommunications.net,O=huxley communications cooperative, Huxley IA 50124-0036, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Levi Bappe</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager and Excutive VP</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-597-2281</b></p>					
Study Area Code of Reporting Carrier	<b>351205</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">IAMO COMMUNICATIONS, INC.-IA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tim Toepfer</span></p>				<p><small>Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=ttoepfer@iamo.tel,O=iamo communications, inc.-ia, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tim Toepfer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO &amp; General Manage</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-583-3232</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351206</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FMTC-I35, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Josh Hveem</b></p>				<p><small>Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=fmtc-i35, inc.,l=Truro IA 50257, Date:5/24/2021</small></p> <p>Date: <b>5/24/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-765-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351209</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>JORDAN SOLDIERVALLEY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Bergmann</b></p>				<p>Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=pbergmann@longlines.biz,O=northwest iowa telephone, llc,l=Sergeant Bluff IA 51054, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Bergmann</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-271-5535</b></p>					
Study Area Code of Reporting Carrier	<b>351213</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KALONA COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Casey Peck</span></p>				<p><small>Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey.peck@kctc.net,O=kalona coop. tel. co.,l=Kalona IA 52247-1208, Date:5/20/2021</small></p> <p>Date: <span style="color: blue;">5/20/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Casey Peck</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-656-3668</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351214</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KEYSTONE FRMS. COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Byran Kimm</span></p>				<p><small>Digitally signed by Byran Kimm DN:cn=Byran Kimm,email=keystone@netins.net,O=keystone frms. coop. tel. co.,l=Keystone IA 52249-0277, Date:5/20/2021</small></p>	
<p>Date: <span style="color: blue;">5/20/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Byran Kimm</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-442-3241</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351217</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LA PORTE CITY TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chris Hopp</b></p>				<p>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel. co.,l=Elkader IA 52043, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Chris Hopp</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Operations Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-245-4480</b></p>					
Study Area Code of Reporting Carrier	<b>351220</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LA MOTTE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>JoAnne Gregorich</b></p>				<p>Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=la motte tel. co.,l=LaMotte IA 52054, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>JoAnne Gregorich</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-773-2213</b></p>					
Study Area Code of Reporting Carrier	<b>351222</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEHIGH VALLEY COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jim Suchan</span></p>				<p><small>Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop. tel. assn.,l=Lehigh IA 50557-0137, Date:5/26/2021</small></p> <p>Date: <span style="color: blue;">5/26/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jim Suchan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-359-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351225</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LONE ROCK COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dan Meyer</span></p>				<p><small>Digitally signed by Dan Meyer DN:cn=Dan Meyer,email=lonerock@netins.net,O=lone rock coop. tel. co.,l=Lone Rock IA 50559-0278, Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dan Meyer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-925-3271</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351228</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LOST NATION-ELWOOD TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jan Muhl</span></p>				<p><small>Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood tel. co.,l= , Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jan Muhl</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-678-2470</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351229</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST IOWA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Byers</b></p>				<p><small>Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=northeast iowa tel. co.,l=Monona IA 52159-0835, Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>David Byers</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO/Assistant Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-539-2122</b></p>					
Study Area Code of Reporting Carrier	<b>351230</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LYNNVILLE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Christopher Ulmer</b></p>				<p>Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=lynnville telephone company,l= , Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Christopher Ulmer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>610-928-3903</b></p>					
Study Area Code of Reporting Carrier	<b>351232</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOPERATIVE TEL CO (MANILLA)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Conry</b></p>				<p>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual cooperative tel co (manilla),l=Harlan IA 51537-0311, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-744-3131</b></p>					
Study Area Code of Reporting Carrier	<b>351235</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

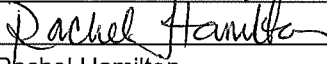
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARNE &amp; ELK HORN TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Rachel Hamilton</span></p>				<p>Digitally signed by Rachel Hamilton DN:cn=Rachel Hamilton,email=rachel@metcteam.com,O=marne &amp; elk horn tel. co.,l=Walnut IA 51577, Date:5/20/2021</p>	
<p>Date: <span style="color: blue;">5/20/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rachel Hamilton</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-784-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351237</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p style="text-align: center;">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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Marne& Elk Horn Telephone Company	
Signature of authorized officer				Date	12/6/21
Printed name of authorized officer		Rachel Hamilton			
Title or position of authorized officer		CEO			
Telephone number of authorized officer:		(712) 764-6161, ext.			
Study Area Code of Reporting Carrier		35-1237	Filing Due Date for this form (mm/dd/yyyy)	December 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARTELLE COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Hans Arwine</span></p>				<p><small>Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop. tel. assn.,l=Mechanicsville IA 52306, Date:5/23/2021</small></p>	
<p>Date: <span style="color: blue;">5/23/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Hans Arwine</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-432-7221</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351238</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>MASSENA TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Mike Klocke</b> <small>Digitally signed by Mike Klocke DN:cn=Mike Klocke,email=mike@massenatelephone.com,O=massena tel. co.,l=Massena IA 50853, Date:5/20/2021</small>				Date: <b>5/20/2021</b>	
Printed name of Authorized Officer or employee: <b>Mike Klocke</b>					
Title or position of Authorized Officer or employee: <b>General Manager/CEO</b>					
Telephone number of Authorized Officer or employee: <b>712-779-2227</b>					
Study Area Code of Reporting Carrier	<b>351239</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MECHANICSVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Hans Arwine</span></p>				<p><small>Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=mechanicsville tel. co.,l=Mechanicsville IA 52306, Date:5/23/2021</small></p> <p>Date: <span style="color: blue;">5/23/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Hans Arwine</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-432-7221</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351241</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MILES COOP. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Scott Boehde</b></p>				<p>Digitally signed by Scott Boehde DN:cn=Scott Boehde,email=scott@milestelephone.com,O=miles coop. tel. assn., Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Scott Boehde</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-682-7111</b></p>					
Study Area Code of Reporting Carrier	<b>351242</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MINBURN TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Debra Lucht</span></p>				<p><small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn tel. co.,l=Minburn IA 50167, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Debra Lucht</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-677-2264</span></p>					
Study Area Code of Reporting Carrier	351245		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MINERVA VALLEY TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mary Phillips</span></p>				<p><small>Digitally signed by Mary Phillips DN:cn=Mary Phillips,email=mary@minervavalley.net,O=minerva valley tel. co., inc.,l=Zearing IA 50278-0176, Date:5/21/2021</small></p>	
<p>Date: <span style="color: blue;">5/21/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mary Phillips</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Business Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-487-7399</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351246</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p style="text-align: center;">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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MODERN COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brenda Bowman</b></p>				<p><small>Digitally signed by Brenda Bowman DN:cn=Brenda Bowman,email=mctcfone@netins.net,O=modern coop. tel. co.,l=South English IA 52335, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Brenda Bowman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant Manager/CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-667-2375</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351247</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MUTUAL TEL. CO. OF MORNING SUN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Foor</b></p>				<p>Digitally signed by Randy Foor DN:cn=Randy Foor,email=rdf@mutel.com,O=mutual tel. co. of morning sun,l=Morning Sun IA 52640, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Randy Foor</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-868-7636</b></p>					
Study Area Code of Reporting Carrier	<b>351250</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MEDIAPOLIS TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Angie Rupe</span></p>				<p><small>Digitally signed by Angie Rupe DN:cn=Angie Rupe,email=arupe@mepotelco.net,O=mediapolis tel. co.,l=Mediapolis IA 52637, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Angie Rupe</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager &amp; CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-394-3456</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTH ENGLISH COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Reed Ostenberg</b></p>				<p><small>Digitally signed by Reed Ostenberg DN:cn=Reed Ostenberg,email=nenglish@netins.net,O=north english coop. tel. co.,l=North English IA 52316, Date:5/18/2021</small></p> <p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Reed Ostenberg</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-664-3821</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351257</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHWEST IOWA TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Bergmann</b></p>				<p><small>Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=pbergmann@longlines.biz,O=northwest iowa telephone, llc,l=Sergeant Bluff IA 51054, Date:5/27/2021</small></p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Bergmann</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-271-5535</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351260</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHWEST COMM. COOP. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Donald Miller</span></p>				<p><small>Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest comm. coop. assn.,l= , Date:5/21/2021</small></p> <p>Date: <span style="color: blue;">5/21/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Donald Miller</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-776-2222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351261</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COMMUNICATIONS 1 NETWORK, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Yeakel</b></p>				<p><small>Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=communications 1 network, inc.,l=Kanawha IA 50447, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Randy Yeakel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-762-3772</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351262</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>OGDEN TEL. CO.-IA</b>					
Signature of Authorized Officer or employee: <b>James Heckman</b> <small>Digitally signed by James Heckman DN:cn=James Heckman,email=ogdenteljim@netins.net,O=ogden tel. co.-ia,=Ogden IA 50212, Date:5/19/2021</small>				Date: <b>5/19/2021</b>	
Printed name of Authorized Officer or employee: <b>James Heckman</b>					
Title or position of Authorized Officer or employee: <b>General Manager / Executive VP</b>					
Telephone number of Authorized Officer or employee: <b>515-275-2050</b>					
Study Area Code of Reporting Carrier	<b>351263</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OLIN TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Frank Wood</span></p>				<p><small>Digitally signed by Frank Wood DN:cn=Frank Wood,email=olintel@netins.net,O=olin tel. co., inc.,l=Olin IA 52320-0130, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Frank Wood</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-484-2200</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351264</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ONSLow COOP. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Russ Benke</b></p>				<p>Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=onslow coop. tel. assn.,l=Onslow IA 52321, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Russ Benke</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-485-2833</b></p>					
Study Area Code of Reporting Carrier	<b>351265</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ORAN MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Barb Gruetzmacher</span></p>				<p><small>Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel. co.,l= , Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Barb Gruetzmacher</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-638-6006</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351266</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PALO COOPERATIVE TELEPHONE ASSOCIATION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Erin Petersen</b></p>				<p><small>Digitally signed by Erin Petersen DN:cn=Erin Petersen,email=palomanager@netins.net,O=palo cooperative telephone association,l=Palo IA 52324, Date:5/21/2021</small></p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Erin Petersen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-851-3431</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351269</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PALMER MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Andy Peterson</b></p>				<p>Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel. co.,l=Palmer IA 50571, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Andy Peterson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-359-2411</b></p>					
Study Area Code of Reporting Carrier	<b>351270</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PANORA COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Andrew Randol</b></p>				<p><small>Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora communications cooperative,l=Panora IA 50216, Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Andrew Randol</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-755-2424</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351271</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TEL. CO.-IA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=people s tel. co.-ia, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351273</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PRAIRIEBURG TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>LaRae Reichenauer</b></p>				<p>Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel. co., inc., Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>LaRae Reichenauer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-437-3611</b></p>					
Study Area Code of Reporting Carrier	<b>351275</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PRESTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">MaryBeth Heister</span></p>				<p><small>Digitally signed by MaryBeth Heister DN:cn=MaryBeth Heister,email=rogerak@prestontel.com,O=preston tel. co.,l=Preston IA 52069-0167, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">MaryBeth Heister</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-689-3811</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351276</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>RADCLIFFE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Edwin Drake</b></p>				<p>Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@radcliffetelephone.com,O=radcliffe tel. co., inc.,l=Radcliffe IA 50230-0140, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Edwin Drake</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-899-2341</b></p>					
Study Area Code of Reporting Carrier	<b>351277</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RINGSTED TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Aaron McCartan</span></p>				<p><small>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.com,O=ringsted tel. co.,l=Ringsted IA 50578, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Aaron McCartan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-866-8000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351280</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ROCKWELL COOP. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Severin</b></p>				<p>Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop. tel. assn.,l=Rockwell IA 50469, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Severin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Mgr/Assist Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-822-3212</b></p>					
Study Area Code of Reporting Carrier	<b>351282</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ROYAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Noah</b></p>				<small>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel. co.,I=Royal IA 51357, Date:5/18/2021</small>  <p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>John Noah</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CCO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-933-2615</b></p>					
Study Area Code of Reporting Carrier	<b>351283</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier <b>River Valley Telecommunications Coop</b>			
Signature of authorized officer <i>Pamela Studer</i>		Date	<b>5/18/21</b>
Printed name of authorized officer <b>Pamela Studer</b>			
Title or position of authorized officer <b>Secretary</b>			
Telephone number of authorized officer: <b>(712) 859-3300</b>			
Study Area Code of Reporting Carrier	<b>351284</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SAC COUNTY MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Ronald Sorensen</span></p>				<p><small>Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc_manager@netins.net,O=sac county mutual tel. co.,l=Odebolt IA 51458, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ronald Sorensen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Compliance Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-668-2200</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351285</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SCHALLER TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Missy Kestel</b></p>				<p>Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel. co.,l=Schaller IA 51053, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Missy Kestel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Accounting General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-275-4211</b></p>					
Study Area Code of Reporting Carrier	<b>351291</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SEARSBORO TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Christopher Ulmer</b></p>				<p>Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=searsboro tel. co.,l= , Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Christopher Ulmer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>610-928-3903</b></p>					
Study Area Code of Reporting Carrier	<b>351292</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>SHARON TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Scott Havel</b>				<small>Digitally signed by Scott Havel DN:cn=Scott Havel,email=sharontc@sharontc.net,O=sharon tel. co.,l=Hills IA 52235, Date:5/21/2021</small> Date: <b>5/21/2021</b>	
Printed name of Authorized Officer or employee: <b>Scott Havel</b>					
Title or position of Authorized Officer or employee: <b>General manager</b>					
Telephone number of Authorized Officer or employee: <b>319-679-2211</b>					
Study Area Code of Reporting Carrier	<b>351293</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SCRANTON TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Allen Jacob</b></p>				<p><small>Digitally signed by Allen Jacob DN:cn=Allen Jacob,email=allenjacob@netins.net,O=scranton tel. co.,l=Scranton IA 51462, Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Allen Jacob</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-652-3355</b></p>					
Study Area Code of Reporting Carrier	<b>351294</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTH SLOPE COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chuck Deisbeck</b></p>				<p>Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop. tel. co.,l=North Liberty IA 52317, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Chuck Deisbeck</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-626-2211</b></p>					
Study Area Code of Reporting Carrier	<b>351298</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER


Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>FMTC-I35, INC. (SWT)</b>					
Signature of Authorized Officer or employee: <b>Josh Hveem</b> <small>Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=fmtc-i35, inc. (swt),l=Truro IA 50257, Date:5/24/2021</small>				Date: <b>5/24/2021</b>	
Printed name of Authorized Officer or employee: <b>Josh Hveem</b>					
Title or position of Authorized Officer or employee: <b>COO</b>					
Telephone number of Authorized Officer or employee: <b>641-765-4201</b>					
Study Area Code of Reporting Carrier	<b>351301</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRINGVILLE COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jean Schilling</span></p>				<p><small>Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvt@netins.net,O=springville coop. tel. assn.,l=Springville IA 52336-0009, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jean Schilling</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-854-6107</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351302</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<p><b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b></p>			
<p>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).</p>			
<p>Name of Reporting Carrier <b>Cooperative Telephone Exchange</b></p>			
<p>Signature of authorized officer </p>		<p>Date <b>5-25-21</b></p>	
<p>Printed name of authorized officer <b>Bradley Schmidt</b></p>			
<p>Title or position of authorized officer <b>President</b></p>			
<p>Telephone number of authorized officer: <b>(515) 826-3206</b>, ext.</p>			
<p>Study Area Code of Reporting Carrier <b>351303</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy) <b>June 16 2021</b></p>	
<p>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.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTH SLOPE COOP TEL CO-SWISHER</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chuck Deisbeck</b></p>				<p>Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop tel co-swisher,l=North Liberty IA 52317, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Chuck Deisbeck</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-626-2211</b></p>					
Study Area Code of Reporting Carrier	<b>351304</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STRATFORD MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jen Frank</b></p>				<p><small>Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel. co.,l=Stratford IA 50249, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jen Frank</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant Secretary/Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-838-2390</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351305</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">SULLY TEL. ASSOC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Earl "Jack" De Angelo</span>				<small>Digitally signed by Earl "Jack" De Angelo DN:cn=Earl "Jack" De Angelo,email=jackd@sullytel.com,O=sully tel. assoc.,l=Sully IA 50251, Date:5/19/2021</small> Date: <span style="color: blue;">5/19/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Earl "Jack" De Angelo</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">641-594-2905</span>					
Study Area Code of Reporting Carrier	351306		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SUPERIOR TEL. COOP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Cheryl Noble</span></p>				<p><small>Digitally signed by Cheryl Noble DN:cn=Cheryl Noble,email=cnoble@netins.net,O=superior tel. coop.,l=Superior IA 51363, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Cheryl Noble</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-858-4591</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351307</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TEMPLETON TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Patricia Snyder</b></p>				<p>Digitally signed by Patricia Snyder DN:cn=Patricia Snyder,email=temptel@netins.net,O=templeton tel. co.,l=Templeton IA 51463-0077, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Patricia Snyder</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-669-3311</b></p>					
Study Area Code of Reporting Carrier	<b>351308</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TERRIL TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Noah</b></p>				<p>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@terril.com,O=terril telephone cooperative,l=Terril IA 51364, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Noah</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CCO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-853-1300</b></p>					
Study Area Code of Reporting Carrier	<b>351309</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TITONKA TEL. CO. DBA TITONKA-BURT COMM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aaron McCartan</b></p>				<p><small>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@tbctel.com,O=titonka tel. co. dba titonka-burt comm,l=Titonka IA 50480-0321, Date:5/18/2021</small></p> <p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Aaron McCartan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-928-2110</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351310</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>UNITED FARMERS TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Roxanne White</b></p>				<p>Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel. co.,l=Every IA 51338, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Roxanne White</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-834-2211</b></p>					
Study Area Code of Reporting Carrier	<b>351316</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VAN BUREN TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Monte Hagge</span></p>				<p><small>Digitally signed by Monte Hagge DN:cn=Monte Hagge,email=montehagge@netins.net,O=van buren tel. co., inc.,l= , Date:5/20/2021</small></p>	
<p>Date: <span style="color: blue;">5/20/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Monte Hagge</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-293-3187</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351319</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VAN HORNE COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kerry Less</span></p>				<p><small>Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop. tel. co.,l=Van Horne IA 52346-0096, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kerry Less</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO - Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-228-8791</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351320</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>VENTURA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Lovell</b></p>				<p>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel. co., inc.,l=Clear Lake IA 50428-0066, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Thomas Lovell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-357-2111</b></p>					
Study Area Code of Reporting Carrier	<b>351322</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WALNUT TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rachel Hamilton</b></p>				<p>Digitally signed by Rachel Hamilton DN:cn=Rachel Hamilton,email=rachel@metcteam.com,O=walnut tel. co.,l=Walnut IA 51577, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rachel Hamilton</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-784-2211</b></p>					
Study Area Code of Reporting Carrier	<b>351326</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEBSTER-CALHOUN COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Daryl Carlson</span></p>				<p><small>Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=daryl@wccta.com,O=webster-calhoun coop. tel. assn.,l=Gowrie IA 50543-0475, Date:5/21/2021</small></p>	
<p>Date: <span style="color: blue;">5/21/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Daryl Carlson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-352-3151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351328</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WELLMAN COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dion Schminke</span></p>				<p><small>Digitally signed by Dion Schminke DN:cn=Dion Schminke,email=dion.s@wellmantelephone.com,O=wellman coop. tel. assn.,l=Wellman IA 52356-0170, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dion Schminke</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager, COO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-646-6075</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351329</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST IOWA TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Robert Gannon</span></p>				<p><small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel. co.,l=Remsen IA 51050-0330, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Gannon</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-786-5572</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351331</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WEST LIBERTY TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jerry Melick</b></p>				<p>Digitally signed by Jerry Melick DN:cn=Jerry Melick,email=jsmelick@corp.lcom.net,O=west liberty tel. co.,l= , Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jerry Melick</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-627-2145</b></p>					
Study Area Code of Reporting Carrier	<b>351332</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Western Iowa Telephone Association	
Signature of authorized officer			Date		May 24, 2021
Printed name of authorized officer			Heath Mallory		
Title or position of authorized officer			CEO		
Telephone number of authorized officer:			(712) 944-5711		
Study Area Code of Reporting Carrier		351334	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WESTSIDE INDP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Skinner</b></p>				<p>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=k Skinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kevin Skinner</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-673-2311</b></p>					
Study Area Code of Reporting Carrier	<b>351335</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WILTON TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Peterson</b></p>				<p>Digitally signed by Mark Peterson DN:cn=Mark Peterson,email=mwp@wtccommunications.com,O=wilton tel. co.,l=Wilton IA 52778-0970, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Peterson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-732-3000</b></p>					
Study Area Code of Reporting Carrier	<b>351336</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WOOLSTOCK MUT. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chris Simmons</span></p>				<p><small>Digitally signed by Chris Simmons DN:cn=Chris Simmons,email=chris@wmtel.net,O=woolstock mut. tel. assn.,l= , Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Chris Simmons</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-839-5571</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351342</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WYOMING MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kelly Brodersen</b></p>				<p><small>Digitally signed by Kelly Brodersen DN:cn=Kelly Brodersen,email=wyoming@netins.net,O=wyoming mutual tel. co.,l=Wyoming IA 52362, Date:5/20/2021</small></p> <p>Date: <b>5/20/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kelly Brodersen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Board Secretary/Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-488-2535</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351343</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PRAIRIE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kevin Skinner</span></p>				<p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=prairie tel. co., inc.,l=Breda IA 51436-0109, Date:5/20/2021</small></p> <p>Date: <span style="color: blue;">5/20/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kevin Skinner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-673-2311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351344</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE COMM. COOPERATIVE, INC.-HILLS IA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,l=Garretson SD 57030, Date:5/20/2021</small></p>	
<p>Date: <span style="color: blue;">5/20/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351405</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KILLDUFF TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Christopher Ulmer</b></p>				<p>Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=killduff telephone company,l= , Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Christopher Ulmer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>610-928-3903</b></p>					
Study Area Code of Reporting Carrier	<b>351407</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MABEL COOP. TEL. CO.-IA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Julie Kolka</b></p>				<p>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabelltel.coop,O=mabel coop. tel. co.-ia, =Mabel MN 55954, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Julie Kolka</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-493-5411</b></p>					
Study Area Code of Reporting Carrier	<b>351424</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ACE TEL. ASSN.-MN</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Todd Roesler</span>				<small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acentek.net,O=ace tel. assn.-mn,l=Houston MN 55943-0360, Date:5/24/2021</small> Date: <span style="color: blue;">5/24/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Todd Roesler</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">507-896-6292</span>					
Study Area Code of Reporting Carrier	361346		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALBANY MUTUAL TEL. ASSN., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steven Katka</span></p>				<p><small>Digitally signed by Steven Katka DN:cn=Steven Katka,email=steve.katka@albanytel.net,O=albany mutual tel. assn., inc.,l= , Date:5/21/2021</small></p>	
<p>Date: <span style="color: blue;">5/21/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steven Katka</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-845-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361347</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WILDERNESS VALLEY TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shane Young</b></p>				<p><small>Digitally signed by Shane Young DN:cn=Shane Young,email=Shane@northerntelephone.net,O=wilderness valley telephone company, inc., Date:5/27/2021</small></p> <p>Date: <b>5/27/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Shane Young</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-488-6565</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361348</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITY OF BARNESVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Guy Swenson</span></p>				<p><small>Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=tecmanager@barnesvillemn.com,O=city of barnesville tel. co.,l=Barnesville MN 56514, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Guy Swenson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">TEC Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-354-2292</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361353</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BENTON COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cheryl Scapanski</b></p>				<p><small>Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop. tel. co.,l= , Date:5/18/2021</small></p> <p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Cheryl Scapanski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-393-2115</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361356</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CALLAWAY TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
Study Area Code of Reporting Carrier	<b>361365</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLARA CITY TEL. EXCH. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=clara city tel. exch. co.,l= , Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-3993</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361370</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CLEMENTS TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel. co.,l= , Date:5/26/2021</small></p> <p>Date: <b>5/26/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361372</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TEL. CO.-MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Roach</b></p>				<p>Digitally signed by Mark Roach DN:cn=Mark Roach,email=mark.roach@ctctelcom.net,O=consolidated tel. co.-mn,l=Brainerd MN 56401, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Roach</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-454-1104</b></p>					
Study Area Code of Reporting Carrier	<b>361373</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">DUNNELL TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Charles Mattingly</span>				<small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=dunnell tel. co., inc.,l=Judson TX 75660, Date:5/18/2021</small>  Date: <span style="color: blue;">5/18/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Charles Mattingly</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Managing Member</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">903-663-0099</span>					
Study Area Code of Reporting Carrier	361381		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EMILY COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Josh Netland</span></p>				<p><small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop. tel. co.,l=Emily MN 56447, Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Josh Netland</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-763-3000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361387</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. CO.-BELLINGHAM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Beyer</b></p>				<p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel. co.-bellingham,lc=, Date:5/26/2021</small></p> <p>Date: <b>5/26/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-568-2105</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361389</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FEDERATED TEL. COOP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Beyer</b></p>				<p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel. coop.,l=Chokio MN 56221, Date:5/26/2021</small></p> <p>Date: <b>5/26/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-324-7111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361390</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GARDEN VALLEY TEL. CO. dba GARDEN VALLEY TECH</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tim Brinkman</span></p>				<p><small>Digitally signed by Tim Brinkman DN:cn=Tim Brinkman,email=tim.brinkman@gvtel.net,O=garden valley tel. co. dba garden valley tech,l=Ersine MN 56535, Date:5/21/2021</small></p>	
<p>Date: <span style="color: blue;">5/21/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tim Brinkman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/GM</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-687-2400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361395</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GARDONVILLE COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Wolf</span></p>				<p><small>Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop. tel. assn.,l= , Date:5/27/2021</small></p>	
<p>Date: <span style="color: blue;">5/27/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Wolf</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO and General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-524-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361396</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HALSTAD TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Forseth</b></p>				<p>Digitally signed by Mark Forseth DN:cn=Mark Forseth, email=markforseth@rrv.net, O=halstad tel. co., l=Halstad MN 56548-0055, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Forseth</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-456-2125</b></p>					
Study Area Code of Reporting Carrier	<b>361401</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FEDERATED TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Beyer</b></p>				<p>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated telephone cooperative,l=Chokio MN 56221, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-324-7111</b></p>					
Study Area Code of Reporting Carrier	<b>361403</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HARMONY TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jill Huffman</b></p>				<p>Digitally signed by Jill Huffman DN:cn=Jill Huffman,email=jill@springgrove.coop,O=harmony tel. co.,l=Spring Grove MN 55974-0516, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jill Huffman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-498-3456</b></p>					
Study Area Code of Reporting Carrier	<b>361404</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ALLIANCE COMM. COOPERATIVE, INC.-HILLS MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kari Flanagan</b></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills mn,l=Garretson SD 57030, Date:5/20/2021</small></p> <p>Date: <b>5/20/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kari Flanagan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-594-8228</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361405</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HOME TEL. CO.-MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel. co.-mn, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
Study Area Code of Reporting Carrier	<b>361408</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: HUTCHINSON TELEPHONE COMPANY</p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchinson telephone company,l= , Date:5/19/2021</p>	
<p>Date: 5/19/2021</p>					
<p>Printed name of Authorized Officer or employee: Curt Kawlewski</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 507-233-4172</p>					
Study Area Code of Reporting Carrier	361409		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>JOHNSON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Donna Gunderson</b></p>				<p><small>Digitally signed by Donna Gunderson DN:cn=Donna Gunderson,email=jtcbusiness@jtc-co.net,O=johnson telephone company,l=Remer MN 56672, Date:5/26/2021</small></p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Donna Gunderson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Corporate Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-566-2302</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361410</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KASSON &amp; MANTORVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Beth Tollefson</b></p>				<p>Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson &amp; mantorville tel. co.,l= , Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Beth Tollefson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-634-2511</b></p>					
Study Area Code of Reporting Carrier	<b>361412</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LISMORE COOPERATIVE TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tarri Joens</span></p>				<p><small>Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretele.com,O=lismore cooperative telephone co.,l=Lismore MN 56155-0127, Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tarri Joens</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-472-8748</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361419</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>RUNESTONE TELEPHONE ASSOCIATION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kent Hedstrom</b></p>				<p>Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent@runestone.net,O=runestone telephone association,I=Hoffman MN 56339-0336, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kent Hedstrom</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-986-2013</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361423</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MABEL COOPERATIVE TELEPHONE CO.- MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Julie Kolka</b></p>				<p><small>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabelltel.coop,O=mabel cooperative telephone co.- mn,l=Mabel MN 55954, Date:5/18/2021</small></p> <p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Julie Kolka</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-493-5411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361424</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHRISTENSEN COMMUNICATIONS COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brent Christensen</b></p>				<p><small>Digitally signed by Brent Christensen DN:cn=Brent Christensen,email=brentc@chriscomco.net,O=christensen communications company,l= , Date:5/18/2021</small></p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brent Christensen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-642-5514</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361425</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Manchester-Hartland Telephone Company**

Signature of authorized officer 

Date **5/19/2021**

Printed name of authorized officer **Brian Thompson**

Title or position of authorized officer **President**

Telephone number of authorized officer: **(507)826-3212**

Study Area Code of Reporting Carrier

**361426**

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

June 16, 2021

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MELROSE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=melrose telephone company, Inc., Date:5/26/2021</small></p> <p>Date: <b>5/26/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361430</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MIDWEST TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=midwest tel. co.,l= , Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
Study Area Code of Reporting Carrier	<b>361431</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MINNESOTA VALLEY TEL. CO. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Danny Busche</span></p>				<p><small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=minnesota valley tel. co. inc.,l=Franklin MN 55333, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Danny Busche</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-557-2275</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361439</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NUVERA COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=nuvera communications, inc.,l= , Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361442</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LORETEL SYSTEMS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=loretel systems, inc.,l= , Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
Study Area Code of Reporting Carrier	<b>361443</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PARK REGION MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dave Bickett</span></p>				<p><small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dave Bickett</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-826-6161</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361450</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PAUL BUNYAN RURAL TEL. COOP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Schultz</b></p>				<p><small>Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural tel. coop.,l= , Date:5/18/2021</small></p> <p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dave Schultz</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-444-1141</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361451</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>REDWOOD COUNTY TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel. co.,l=- , Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
Study Area Code of Reporting Carrier	<b>361472</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ROTHSAY TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Bickett</b></p>				<p>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@ptel.com,O=rothsay telephone company inc.,l=Underwood MN 56586-0277, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-826-6161</b></p>					
Study Area Code of Reporting Carrier	<b>361474</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RUNESTONE TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;"><b>Kent Hedstrom</b></span></p>				<p><small>Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent@runestone.tel.assn.,l=Hoffman MN 56339-0336, Date:5/25/2021</small></p> <p>Date: <span style="color: blue;">5/25/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kent Hedstrom</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-986-2013</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361475</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SACRED HEART TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel. co.,l=, Date:5/24/2021</small></p> <p>Date: <b>5/24/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-3993</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361476</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SCOTT RICE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>				<small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=scott rice telephone company,l= , Date:5/19/2021</small>  <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-233-4172</b></p>					
Study Area Code of Reporting Carrier	<b>361479</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SLEEPY EYE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Curt Kawlewski</span></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=sleepy eye tel. co.,l= , Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-233-4172</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361483</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SPRING GROVE COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jill Huffman</b></p>				<p>Digitally signed by Jill Huffman DN:cn=Jill Huffman,email=jill@springgrove.coop,O=spring grove communications,l=Spring Grove MN 55974-0516, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jill Huffman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-498-3456</b></p>					
Study Area Code of Reporting Carrier	<b>361485</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STARBUCK TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel. co.,l= , Date:5/24/2021</small></p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-3993</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361487</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>UPSALA COOPERATIVE TELEPHONE ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tony Gebhard</b></p>				<p><small>Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala cooperative telephone assn.,l=Upsala MN 56384, Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tony Gebhard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-573-1390</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361494</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VALLEY TEL. CO.-MN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dave Bickett</span></p>				<p><small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@ptel.com,O=valley tel. co.-mn,l=Underwood MN 56586-0277, Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dave Bickett</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-826-6161</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361495</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">TRI-CO TECHNOLOGIES, LLC DBA CROSSLAKE COMM.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Josh Netland</span>				<small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=tri-co technologies, llc dba crosslake comm.,l=Emily MN 56447, Date:5/24/2021</small> Date: <span style="color: blue;">5/24/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Josh Netland</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-763-3000</span>					
Study Area Code of Reporting Carrier	361499		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHERN TELEPHONE COMPANY OF MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shane Young</b></p>				<p><small>Digitally signed by Shane Young DN:cn=Shane Young,email=Shane@northerntelephone.net,O=northern telephone company of mn,l= , Date:5/27/2021</small></p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shane Young</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-488-6565</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361500</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST CENTRAL TELEPHONE ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chad Bullock</span></p>				<p><small>Digitally signed by Chad Bullock DN:cn=Chad Bullock,email=chadb@wcta.net,O=west central telephone assn.,l=Sebeka MN 56477, Date:5/24/2021</small></p>	
<p>Date: <span style="color: blue;">5/24/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Chad Bullock</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO-GM</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-837-5151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361501</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

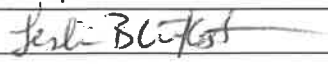
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WESTERN TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=wester n telephone company,lc= , Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361502</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Wikstrom Telephone Co. Inc	
Signature of authorized officer				Date	05/26/2021
Printed name of authorized officer		Leslie B Wikstrom			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(218) 436-2121, ext.			
Study Area Code of Reporting Carrier	361505	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WINTHROP TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Danny Busche</span></p>				<p><small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=winthrop tel. co.,l=Franklin MN 55333, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Danny Busche</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-557-2275</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361508</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WOODSTOCK TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Terry Nelson</b></p>				<p>Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock telephone company,l=Ruthon MN 56170, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Terry Nelson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-658-3830</b></p>					
Study Area Code of Reporting Carrier	<b>361510</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Wolverton Telephone Co.	
Signature of authorized officer			Date		5/18/2021
Printed name of authorized officer			Karl Blake		
Title or position of authorized officer			Executive Vice President		
Telephone number of authorized officer:			(701) 284-7221		
Study Area Code of Reporting Carrier		361512	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ZUMBROTA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota telephone company,lc= , Date:5/24/2021</small></p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-3993</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361515</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>INTERSTATE TELECOMMUNICATIONS COOP., INC.-MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tracy Bandemer</b></p>				<p>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=tracy.bandemer@itccoop.com,O=interstate telecommunications coop., inc.-mn,l=Clear Lake SD 57226-0920, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tracy Bandemer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/ General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-874-2181</b></p>					
Study Area Code of Reporting Carrier	<b>361654</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARAPAHOE TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Koller</span></p>				<p><small>Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.com,O=arapahoe telephone company,l=Arapahoe NE 68922, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Koller</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP Operations</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">308-962-7298</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371516</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ELSIE COMMUNICATIONS, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Shipley</span>				<small>Digitally signed by David Shipley DN: cn=David Shipley, email=dshipley@ghvalley.net, O=elsie communications, inc., l=Colorado City CO 81019, Date: 5/21/2021</small>  Date: <span style="color: blue;">5/21/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">David Shipley</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">866-542-6780</span>					
Study Area Code of Reporting Carrier	371518		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THREE RIVER TELCO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Dorf</b></p>				<p><small>Digitally signed by Steven Dorf DN:cn=Steven Dorf,email=sdorf@threerivertelco.com,O=three river telco,l=Lynch NE 68746-0066, Date:5/27/2021</small></p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steven Dorf</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-569-2666</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371525</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CAMBRIDGE TELEPHONE COMPANY - NE</b></p>					
<p>Signature of Authorized Officer or employee: <b>J. Shoemaker</b></p>				<p>Digitally signed by J. Shoemaker DN:cn=J. Shoemaker,email=tom.shoemaker@pnpt.com,O=cambridge telephone company - ne,l=Cambridge NE 69022, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>J. Shoemaker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>V P Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-697-3333</b></p>					
Study Area Code of Reporting Carrier	<b>371526</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TELCO, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>				<p><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco, inc.,l=Lincoln NE 68506-0147, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-489-2728</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371530</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TELEPHONE COMPANY- NE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>				<p>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telephone company- ne, =Lincoln NE 68506-0147, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-489-2728</b></p>					
Study Area Code of Reporting Carrier	<b>371532</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COZAD TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Marcus Young</b></p>				<p>Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad telephone company,l= , Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Marcus Young</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-784-4044</b></p>					
Study Area Code of Reporting Carrier	<b>371534</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CURTIS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>				<p>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=curtis telephone company,l=Lincoln NE 68506-0147, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-489-2728</b></p>					
Study Area Code of Reporting Carrier	<b>371536</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DALTON TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Shipley</b></p>				<p>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton telephone company, inc.,l=Colorado City CO 81019, Date:5/21/2021</p>	
				<p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>David Shipley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>866-542-6779</b></p>					
Study Area Code of Reporting Carrier	<b>371537</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DILLER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Loren Duerksen</b></p>				<p>Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller telephone company,l=Diller NE 68342-0236, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Loren Duerksen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Director of Operations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-793-5330</b></p>					
Study Area Code of Reporting Carrier	<b>371540</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GLENWOOD TELEPHONE MEMBERSHIP CORP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Stanley Rouse</b></p>				<p><small>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood telephone membership corp.,l=Blue Hill NE 68930-0008, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Stanley Rouse</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-756-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371553</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					Hamilton Telephone Company				
Signature of authorized officer						Date		05/19/2021	
Printed name of authorized officer				Dan Molliconi					
Title or position of authorized officer				President					
Telephone number of authorized officer:				(402) 694-5101					
Study Area Code of Reporting Carrier		371555		Filing Due Date for this form (mm/dd/yyyy)		June 16 2021			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HARTINGTON TELECOMMUNICATIONS CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Nilles</b></p>				<p>Digitally signed by Dave Nilles DN:cn=Dave Nilles,email=dnilles@hartel.net,O=hartington telecommunications co., inc.,l=Hartington NE 68739-0157, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dave Nilles</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/ General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-254-3901</b></p>					
Study Area Code of Reporting Carrier	<b>371556</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>HARTMAN TELEPHONE EXCHANGES INC.</b>					
Signature of Authorized Officer or employee: <b>Linda McKain</b>				<small>Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=hartman telephone exchanges inc.,l=Benkelman NE 69021, Date:5/18/2021</small>	
Date: <b>5/18/2021</b>					
Printed name of Authorized Officer or employee: <b>Linda McKain</b>					
Title or position of Authorized Officer or employee: <b>Accounting Manager</b>					
Telephone number of Authorized Officer or employee: <b>308-423-5607</b>					
Study Area Code of Reporting Carrier	<b>371557</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HEMINGFORD COOP. TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tonya Mayer</b></p>				<p><small>Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop. telephone company,l=Hemingford NE 69348-0246, Date:5/25/2021</small></p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tonya Mayer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-487-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371558</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HENDERSON CO-OP TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chris Johnson</b></p>				<p><small>Digitally signed by Chris Johnson DN:cn=Chris Johnson,email=cjohnson@mainstaycomm.net,O=henderson co-op telephone company,l=Henderson NE 68371, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Chris Johnson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-723-4448</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371559</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HERSHEY COOPERATIVE TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rex Woolley</b></p>				<p>Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey cooperative telephone co,l=Hershey NE 69143, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rex Woolley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-368-5561</b></p>					
Study Area Code of Reporting Carrier	<b>371561</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TELECOM, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>				<p>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telecom, inc.,l=Lincoln NE 68506-0147, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-489-2728</b></p>					
Study Area Code of Reporting Carrier	<b>371562</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HOOPER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Gannon</b></p>				<p>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper telephone company,l=Remsen IA 51050-0330, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Gannon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-786-5572</b></p>					
Study Area Code of Reporting Carrier	<b>371563</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>K &amp; M TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Magnuson</b></p>				<p>Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k &amp; m telephone company inc.,l=Chambers NE 68725, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Thomas Magnuson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-482-5800</b></p>					
Study Area Code of Reporting Carrier	<b>371565</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GLENWOOD NETWORK SERVICES, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Stanley Rouse</b></p>				<p>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood network services, inc.,l=Blue Hill NE 68930-0008, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Stanley Rouse</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-756-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371567</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NEBRASKA CENTRAL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Nancy McGregor-Jader</b></p>				<p>Digitally signed by Nancy McGregor-Jader DN:cn=Nancy McGregor-Jader,email=njader@nctc.net,O=nebraska central telephone company,l=Gibbon NE 68840-0700, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Nancy McGregor-Jader</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-468-6341</b></p>					
Study Area Code of Reporting Carrier	<b>371574</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST NEBRASKA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Patrick McElroy</b></p>				<p><small>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pmcelroy@nntc.net,O=northeast nebraska telephone company, Date:5/21/2021</small></p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Patrick McElroy</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-632-4321</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371576</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PIERCE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>William Fogle</b></p>				<p>Digitally signed by William Fogle DN:cn=William Fogle,email=wfogle@piercetelephone.com,O=pierce telephone company,I=Pierce NE 68767-0113, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>William Fogle</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-329-6225</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371581</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PLAINVIEW TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Nye</b></p>				<p><small>Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@plvwelco.net,O=plainview telephone company inc.,I=Plainview NE 68769-0117, Date:5/18/2021</small></p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Nye</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-582-4242</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371582</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SODTOWN COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>				<p>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=sodtown communications, inc.,l=Lincoln NE 68506-0147, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-489-2728</b></p>					
Study Area Code of Reporting Carrier	<b>371590</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTHEAST NEBRASKA COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ray Joy</b></p>				<p><small>Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=southeast nebraska communications, inc.,l= , Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ray Joy</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-245-4451</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371591</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STANTON TELECOM INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Nicholas Paden</b></p>				<p>Digitally signed by Nicholas Paden DN:cn=Nicholas Paden,email=npaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Nicholas Paden</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-439-2264</b></p>					
Study Area Code of Reporting Carrier	<b>371592</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WAUNETA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Linda McKain</b></p>				<p>Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=wauneta tel. co.,l=Benkelman NE 69021, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Linda McKain</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-423-5607</b></p>					
Study Area Code of Reporting Carrier	<b>371597</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BENKELMAN TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Linda McKain</b></p>				<p>Digitally signed by Linda McKain DN:cn=Linda McKain,email=lmckain@bwtelcom.net,O=benkelman telephone company inc.,l=Benkelman NE 69021, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Linda McKain</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-423-5607</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>372455</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTH DAKOTA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shawna Senger</b></p>				<p>Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota telephone company,l=Devils Lake ND 58301, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shawna Senger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-662-6428</b></p>					
Study Area Code of Reporting Carrier	<b>381447</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Wolverton Telephone Co.	
Signature of authorized officer			Date		5/18/2021
Printed name of authorized officer			Karl Blake		
Title or position of authorized officer			Executive Vice President		
Telephone number of authorized officer:			(701) 284-7221		
Study Area Code of Reporting Carrier		381509	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

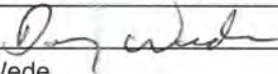
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BEK COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brandon Vaughan</b></p>				<p>Digitally signed by Brandon Vaughan DN:cn=Brandon Vaughan,email=brandonv@bektel.coop,O=bek communications cooperative,l=Steele ND 58482, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brandon Vaughan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/Financial Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-475-1246</b></p>					
Study Area Code of Reporting Carrier	<b>381604</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>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).</p>			
Name of Reporting Carrier <b>CONSOLIDATED TELCOM</b>			
Signature of authorized officer <i>Bill Schaller</i>		Date	05/26/2021
Printed name of authorized officer <b>BILL SCHALLER</b>			
Title or position of authorized officer <b>PRESIDENT</b>			
Telephone number of authorized officer: <b>(701) 483-4000</b>			
Study Area Code of Reporting Carrier	<b>381607</b>	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021
<p>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.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier <b>Dakota Central Telecommunications Cooperative / DCTI</b>				
Signature of authorized officer 			Date	<b>5/27/2021</b>
Printed name of authorized officer <b>Doug Wede</b>				
Title or position of authorized officer <b>President</b>				
Telephone number of authorized officer: <b>(701) 652-3184</b>				
Study Area Code of Reporting Carrier	<b>381610</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DICKEY RURAL TEL COOP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kent Schimke</b></p>				<p>Digitally signed by Kent Schimke DN:cn=Kent Schimke,email=kschimke@drtel.com,O=dickey rural tel coop.,l=Ellendale ND 58436, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kent Schimke</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-344-6031</b></p>					
Study Area Code of Reporting Carrier	<b>381611</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Polar Communications	
Signature of authorized officer			Date		5/18/2021
Printed name of authorized officer			Karl Blake		
Title or position of authorized officer			CEO		
Telephone number of authorized officer:			(701) 284-7221		
Study Area Code of Reporting Carrier		381614	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GRIGGS COUNTY TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tyler Kilde</b></p>				<p><small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county telephone company,l=Enderlin ND 58027-0066, Date:5/20/2021</small></p> <p>Date: <b>5/20/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tyler Kilde</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-437-9209</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381615</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>INTER-COMMUNITY TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brandon Vaughan</b></p>				<p>Digitally signed by Brandon Vaughan DN:cn=Brandon Vaughan,email=brandonv@bektel.coop,O=inter-community telephone company,l=Steele ND 58482, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brandon Vaughan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/Financial Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-475-1246</b></p>					
Study Area Code of Reporting Carrier	<b>381616</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MIDSTATE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ryan Wilhelmi</b></p>				<p>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate telephone company,l=Stanley ND 58784-0400, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ryan Wilhelmi</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-628-2522</b></p>					
Study Area Code of Reporting Carrier	<b>381617</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GRIGGS COUNTY TEL. CO. (MOORE&amp;LIBERTY)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tyler Kilde</b></p>				<p><small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county tel. co. (moore&amp;liberty),l=Enderlin ND 58027-0066, Date: 5/20/2021</small></p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tyler Kilde</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-437-9209</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381622</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHWEST COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jennifer Bingeman</b></p>				<p>Digitally signed by Jennifer Bingeman DN:cn=Jennifer Bingeman,email=jenb@nccray.com,O=northwest communications cooperative, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jennifer Bingeman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-568-8101</b></p>					
Study Area Code of Reporting Carrier	<b>381625</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

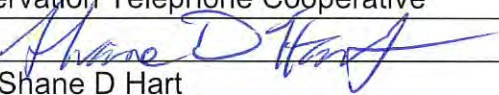
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Polar Communications	
Signature of authorized officer			Date		5/18/2021
Printed name of authorized officer			Karl Blake		
Title or position of authorized officer			CEO		
Telephone number of authorized officer:			(701) 284-7221		
Study Area Code of Reporting Carrier		381630	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Thomas Steinolfson</span></p>				<p><small>Digitally signed by Thomas Steinolfson DN:cn=Thomas Steinolfson,email=toms@redrivercomm.com,O=red river rural tel. assn. dba red river comm,l=Abercrombie ND 58001, Date:5/21/2021</small></p> <p>Date: <span style="color: blue;">5/21/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Thomas Steinolfson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-553-8309</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381631</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Reservation Telephone Cooperative			
Signature of authorized officer 		Date 5/25/21	
Printed name of authorized officer Shane D Hart			
Title or position of authorized officer CEO/GM			
Telephone number of authorized officer: (701) 862-3115			
Study Area Code of Reporting Carrier 381632		Filing Due Date for this form (mm/dd/yyyy) June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>UNITED TELEPHONE MUTUAL AID CORP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Perry Oster</b></p>				<p><small>Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united telephone mutual aid corp.,l=Langdon ND 58249-0729, Date:5/26/2021</small></p> <p>Date: <b>5/26/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Perry Oster</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-256-5156</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381636</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WEST RIVER TELECOMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Troy Schilling</b></p>				<p>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications cooperative,l=Hazen ND 58545, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Troy Schilling</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-748-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381637</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					



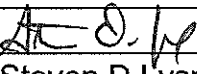
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MIDSTATE COMMUNICATIONS INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ryan Wilhelmi</b></p>				<p>Digitally signed by Ryan Wilhelmi DN:cn=Ryan Wilhelmi,email=ryanw@midstate.net,O=midstate communications inc.,l=Stanley ND 58784-0400, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ryan Wilhelmi</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-628-2522</b></p>					
Study Area Code of Reporting Carrier	<b>381638</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <b>SRT Communications, Inc.</b>			
Signature of authorized officer 		Date	<b>05/19/2021</b>
Printed name of authorized officer <b>Steven D Lysne</b>			
Title or position of authorized officer <b>CEO/General Manaager</b>			
Telephone number of authorized officer: <b>(701) 858-5246</b>			
Study Area Code of Reporting Carrier	<b>383303</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ALLIANCE COMM. COOPERATIVE, INC.-HILLS SD</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kari Flanagan</b></p>				<p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills sd,j=Garretson SD 57030, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kari Flanagan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-594-8228</b></p>					
Study Area Code of Reporting Carrier	<b>391405</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM COOP (ARMOUR)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391640</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ALLIANCE COMM. COOPERATIVE, INC.-BALTIC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kari Flanagan</b></p>				<p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-baltic,l=Garretson SD 57030, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kari Flanagan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-594-8228</b></p>					
Study Area Code of Reporting Carrier	<b>391642</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Cheyenne River Sioux Tribe Telephone Authority	
Signature of authorized officer			Date		05-26-2021
Printed name of authorized officer					
Guthrie Ducheneaux					
Title or position of authorized officer					
President					
Telephone number of authorized officer: (605) 964-2600					
Study Area Code of Reporting Carrier		391647	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BERESFORD MUNICIPAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Austin Hansen</b></p>				<p>Digitally signed by Austin Hansen DN:cn=Austin Hansen,email=austinh@bmtc.net,O=beresford municipal tel. co.,l= , Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Austin Hansen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-763-2500</b></p>					
Study Area Code of Reporting Carrier	<b>391649</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLARITY TELECOM, LLC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Keith Davidson</span></p>				<p><small>Digitally signed by Keith Davidson DN:cn=Keith Davidson,email=Keith.Davidson@vastbroadband.com,O=clarity telecom, llc, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Keith Davidson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">573-481-2265</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391652</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITY OF FAITH MUNICIPAL TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Debbie Brown</span></p>				<p><small>Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith municipal tel co,l=Faith SD 57626-0368, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Debbie Brown</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Finance Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-967-2261</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391653</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTERSTATE TELECOMMUNICATIONS COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Tracy Bandemer</span></p>				<p><small>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=tracy.bandemer@itccoop.com,O=interstate telecommunications coop., inc.,l=Clear Lake SD 57226-0920, Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tracy Bandemer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/ General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-874-2181</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391654</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE COMM. COOPERATIVE, INC.-SPLITROCK</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030, Date:5/20/2021</small></p> <p>Date: <span style="color: blue;">5/20/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391657</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">GOLDEN WEST TELECOM. COOP, INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dennis Law</span>				<small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom. coop, inc.,l=Wall SD 57790-0411, Date:5/25/2021</small>  Date: <span style="color: blue;">5/25/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-279-2161</span>					
Study Area Code of Reporting Carrier	391659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FORT RANDALL TEL. CO. DBA MT. RUSHMORE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=fort randall tel. co. dba mt. rushmore tel co, Date: 5/24/2021</small></p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-3993</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391660</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>JAMES VALLEY COOPERATIVE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Groft</b></p>				<p>Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley cooperative telephone company, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Groft</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-397-2323</b></p>					
Study Area Code of Reporting Carrier	<b>391664</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">JEFFERSON TEL CO -SD</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Paul Bergmann</span></p>				<p><small>Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=pbergmann@longlines.biz,O=northwest iowa telephone, llc,l=Sergeant Bluff IA 51054, Date:5/27/2021</small></p>	
<p>Date: <span style="color: blue;">5/27/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Paul Bergmann</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-271-5535</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391666</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM COOP (KADOKA)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (kadoka),l=Wall SD 57790-0411, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391667</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KENNEBEC TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rod Bowar</b></p>				<p>Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=rodb@kennebectelephone.com,O=kennebec telephone company,l=Kennebec SD 57544, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rod Bowar</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-869-2220</b></p>					
Study Area Code of Reporting Carrier	<b>391668</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TRIOTEL COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bryan Roth</b></p>				<p>Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel communications, inc.,l=Salem SD 57058-0630, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bryan Roth</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/GM</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-425-2238</b></p>					
Study Area Code of Reporting Carrier	<b>391669</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MIDSTATE COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chad Mutziger</b></p>				<p>Digitally signed by Chad Mutziger DN:cn=Chad Mutziger,email=chad@midstaff.net,O=midstate communications, inc.,l=Kimball SD 57355, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Chad Mutziger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-778-6221</b></p>					
Study Area Code of Reporting Carrier	<b>391670</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST RIVER TELECOMMUNICATIONS COOP.(MOBRIDGE)</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Troy Schilling</span></p>				<p><small>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications coop.(mobridge),l=Hazen ND 58545, Date:5/25/2021</small></p>	
<p>Date: <span style="color: blue;">5/25/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Troy Schilling</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-748-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391671</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	RC Technologies			
Signature of authorized officer	<i>Keith Bostrom</i>	Date	5/19/21	
Printed name of authorized officer	Keith Bostrom			
Title or position of authorized officer	Secretary			
Telephone number of authorized officer:	(605) 637-5211			
Study Area Code of Reporting Carrier	391674	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SANTEL COMMUNICATIONS COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ryan Thompson</b></p>				<p><small>Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.coop,O=santel communications cooperative, inc.,l=Woonsocket SD 57385-0067, Date:5/18/2021</small></p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ryan Thompson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-796-8143</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391676</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM COOP (SIOUX VALLEY)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (sioux valley),l=Wall SD 57790-0411, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
Study Area Code of Reporting Carrier	<b>391677</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>VENTURE COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Houdek</b></p>				<p>Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture communications cooperative,l=Highmore SD 57345-0157, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Randy Houdek</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-852-1111</b></p>					
Study Area Code of Reporting Carrier	<b>391680</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM COOP (UNION)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (union),l=Wall SD 57790-0411, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391684</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VALLEY TELECOMM. COOP. ASSN., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jeff Symens</span></p>				<p><small>Digitally signed by Jeff Symens DN:cn=Jeff Symens,email=jeff.s@valleytel.coop,O=valley telecom. coop. assn.,inc.,l=Herreid SD 57632-0007, Date:5/24/2021</small></p>	
<p>Date: <span style="color: blue;">5/24/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jeff Symens</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-437-2615</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391685</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM COOP (VIVIAN)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (vivian),l=Wall SD 57790-0411, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391686</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST RIVER COOPERATIVE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Colle Nash</span></p>				<p><small>Digitally signed by Colle Nash DN:cn=Colle Nash,email=cnash@wrctc.coop,O=west river cooperative tel. co.,l=Bison SD 57620, Date:5/21/2021</small></p>	
<p>Date: <span style="color: blue;">5/21/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Colle Nash</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager / CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-244-5213</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391689</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ARKANSAS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy McCaslin</b></p>				<p>Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas telephone company,l=Clinton AR 72031, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Randy McCaslin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>501-745-2114</b></p>					
Study Area Code of Reporting Carrier	<b>401692</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CENTRAL ARKANSAS TEL. COOP INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Larry Frazier</b></p>				<p><small>Digitally signed by Larry Frazier DN:cn=Larry Frazier,email=larryf@catc.net,O=central arkansas tel. coop inc.,l=Bismarck AR 71929, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Larry Frazier</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>501-865-7008</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401697</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLEVELAND CTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Wendy Ottman</span></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/21/2021</small></p> <p>Date: <span style="color: blue;">5/21/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Wendy Ottman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">573-835-4051</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401698</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DECATUR TELEPHONE CO INC- ARKANSAS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=decatur telephone co inc- arkansas,l=Oregon MO 64473, Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401699</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTH ARKANSAS TEL. CO.,INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Greg Ashcraft</span></p>				<p><small>Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel. co.,inc.,l=Sheridan AR 72150, Date:5/21/2021</small></p> <p>Date: <span style="color: blue;">5/21/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Greg Ashcraft</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">870-942-4344</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401702</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAVACA TELEPHONE-AR</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Trent LeForce</span></p>				<p><small>Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tforce@dobson.net,O=lavaca telephone-ar,l= , Date:5/25/2021</small></p>	
<p>Date: <span style="color: blue;">5/25/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Trent LeForce</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">405-242-0336</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401704</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MADISON COUNTY TEL. CO. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tom Shrum</span></p>				<p><small>Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel. co. inc.,l=Huntsville AR 72740, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tom Shrum</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">479-738-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401709</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MAGAZINE TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Cheryl Stone</span></p>				<p><small>Digitally signed by Cheryl Stone DN:cn=Cheryl Stone,email=magtel@magtel.com,O=magazine telephone company,l=Magazine AR 72943, Date:5/26/2021</small></p> <p>Date: <span style="color: blue;">5/26/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Cheryl Stone</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">479-969-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401710</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MOUNTAIN VIEW TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aaron Millsap</b></p>				<p>Digitally signed by Aaron Millsap DN:cn=Aaron Millsap,email=aaron.millsap@yelcot.com,O=mountain view telephone company,l=Mountain Home AR 72654, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Aaron Millsap</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-425-3100</b></p>					
Study Area Code of Reporting Carrier	<b>401712</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHERN ARKANSAS TEL. CO.,INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Sanders, Jr.</b></p>				<p><small>Digitally signed by Steven Sanders, Jr. DN:cn=Steven Sanders, Jr.,email=steven@natconet.com,O=northern arkansas tel. co.,inc.,l=Flippin AR 72634-0209, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steven Sanders, Jr.</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-453-9273</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401713</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PRAIRIE GROVE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rick Reed</b></p>				<p><small>Digitally signed by Rick Reed DN:cn=Rick Reed,email=treed@pgtc.com,O=prairie grove telephone company,l=Prairie Grove AR 72753-1010, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rick Reed</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>479-846-7227</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401718</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Rice Belt Telephone Company Inc.	
Signature of authorized officer				Date	05/26/2021
Printed name of authorized officer		Darby A. McCarty			
Title or position of authorized officer		President			
Telephone number of authorized officer: 812,876 2211, ext.					
Study Area Code of Reporting Carrier		401721	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>E. RITTER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bob Mouser</b></p>				<p><small>Digitally signed by Bob Mouser DN:cn=Bob Mouser,email=bob.mouser@rittercommunications.com,O=e . ritter telephone company, Date:5/27/2021</small></p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bob Mouser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-429-1116</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401722</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTHWEST ARKANSAS TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tina Moore</b></p>				<p><small>Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=southwest arkansas tel. coop. inc.,l= , Date:5/20/2021</small></p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tina Moore</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Accountant</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-653-8222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401724</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WALNUT HILL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Adam Dixon</b></p>				<p>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=walnut hill telephone company, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-921-5757</b></p>					
Study Area Code of Reporting Carrier	<b>401729</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">YELCOT TEL. CO.,INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aaron Millsap</span></p>				<p><small>Digitally signed by Aaron Millsap DN:cn=Aaron Millsap,email=aaron.millsap@yelcot.com,O=yelcot tel. co.,inc.,l=Mountain Home AR 72654, Date:5/25/2021</small></p> <p>Date: <span style="color: blue;">5/25/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Aaron Millsap</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">870-425-3100</span></p>					
Study Area Code of Reporting Carrier	401733		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SCOTT COUNTY TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Karen Gilliam</b></p>				<p>Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county telephone company,l=Avilla MO 64833, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Karen Gilliam</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>479-923-4200</b></p>					
Study Area Code of Reporting Carrier	<b>403031</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BLUE VALLEY TELE-COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Candace Wright</b></p>				<p>Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-communications, inc.,l= , Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Candace Wright</b></p>					
<p>Title or position of Authorized Officer or employee: <b>GM/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-799-3657</b></p>					
Study Area Code of Reporting Carrier	<b>411746</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COUNCIL GROVE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dale Jones</b></p>				<p><small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/24/2021</small></p> <p>Date: <b>5/24/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dale Jones</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-767-5153</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411758</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CUNNINGHAM TELEPHONE CO. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brent Cunningham</b></p>				<p><small>Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham telephone co. inc.,l=Glen Elder KS 67446-0108, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brent Cunningham</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-545-3215</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411761</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ELKHART TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Becky Scott</b></p>				<p><small>Digitally signed by Becky Scott DN:cn=Becky Scott,email=bscott@epictouch.com,O=elkhart telephone company inc.,l=Elkhart KS 67950, Date:5/18/2021</small></p> <p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Becky Scott</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President &amp; CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-697-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411764</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN BELT TELEPHONE ASSN. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Beau Rebel</b></p>				<p>Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbtlive.com,O=golden belt telephone assn. inc., Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Beau Rebel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-372-4236</b></p>					
Study Area Code of Reporting Carrier	<b>411777</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GORHAM TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tonya Murphy</b></p>				<p>Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham telephone company inc.,l=Gorham KS 67640-0235, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tonya Murphy</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-637-5300</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411778</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HAVILAND TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Wade</b></p>				<p>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandelco.com,O=haviland telephone company inc.,l=Haviland KS 67059, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Wade</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP of Operations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-862-5211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411780</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">H &amp; B COMMUNICATIONS INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brandon Koch</span></p>				<p><small>Digitally signed by Brandon Koch DN:cn=Brandon Koch,email=brkoch@hbcomm.net,O=h &amp; b communications inc.,l= , Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brandon Koch</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President and General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">785-252-4000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411781</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>J. B. N. TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Wade</b></p>				<p><small>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=j. b. n. telephone company inc.,l=Haviland KS 67059, Date:5/21/2021</small></p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Wade</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP of Operations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-862-5211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411785</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KANOKLA TELEPHONE ASSOCIATION - KS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jill Kuehny</b></p>				<p>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ks, Caldwell KS 67022-0111, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jill Kuehny</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-845-5682</b></p>					
Study Area Code of Reporting Carrier	<b>411788</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MADISON TELEPHONE, LLC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Shana Rains</span></p>				<p><small>Digitally signed by Shana Rains DN:cn=Shana Rains,email=mtn.shana@gmail.com,O=madison telephone, llc,l=Madison KS 66860, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Shana Rains</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Regulatory Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-437-2356</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411801</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">MOKAN DIAL, INC.- KS</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Adam Dixon</span>				<small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=mokan dial, inc.- ks,l= , Date:5/21/2021</small>  Date: <span style="color: blue;">5/21/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Adam Dixon</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">870-921-5757</span>					
Study Area Code of Reporting Carrier	411807		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MUTUAL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Tietjens</b></p>				<p><small>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mutual telephone company,l=Little River KS 67457, Date:5/20/2021</small></p> <p>Date: <b>5/20/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>John Tietjens</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-897-6200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411809</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TELECOMMUNICATIONS, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Daniel Welch</b></p>				<p>Digitally signed by Daniel Welch DN:cn=Daniel Welch,email=dwelch@peoplestelecom.net,O=peoples telecommunications, llc,l=Lacygne KS 66040, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Daniel Welch</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>913-757-2500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411814</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CRAW-KAN TELEPHONE COOP INC- KS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Craig Wilbert</b></p>				<p>Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan telephone coop inc- ks, =Girard KS 66743-0100, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Craig Wilbert</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-724-8235</b></p>					
Study Area Code of Reporting Carrier	<b>411818</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>RAINBOW TELECOMMUNICATIONS ASSOC., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kathy Ruoff</b></p>				<p>Digitally signed by Kathy Ruoff DN:cn=Kathy Ruoff,email=kathy@rainbowtel.com,O=rainbow telecommunications assoc., inc.,l=Everest KS 66424, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kathy Ruoff</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller/CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-548-7511</b></p>					
Study Area Code of Reporting Carrier	<b>411820</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>S &amp; T TEL. COOP. ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Christina Hickert</b></p>				<p>Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=s &amp; t tel. coop. assn.,l=Brewster KS 67732, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Christina Hickert</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>256-694-2256</b></p>					
Study Area Code of Reporting Carrier	<b>411827</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>S &amp; A TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Deborah Rand</b></p>				<p>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=s &amp; a telephone company, inc.,l= , Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Deborah Rand</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>603-472-9786</b></p>					
Study Area Code of Reporting Carrier	<b>411829</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTH CENTRAL TEL. ASSN. INC.-KS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Carla Shearer</b></p>				<p><small>Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn. inc.-ks,l= , Date:5/20/2021</small></p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Carla Shearer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-930-1082</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411831</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTHERN KANSAS TEL. CO.,INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>William McVey</b></p>				<p>Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel. co.,inc.,l=Clearwater KS 67026-0800, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>William McVey</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-584-8337</b></p>					
Study Area Code of Reporting Carrier	<b>411833</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRI-COUNTY TEL. ASSN. INC.-KS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Dale Jones</span></p>				<p><small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel. assn. inc.-ks,l=Council Grove KS 66846-0299, Date:5/24/2021</small></p>	
<p>Date: <span style="color: blue;">5/24/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dale Jones</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-767-5153</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411839</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>UNITED TELEPHONE ASSOCIATION, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jennifer Pachner</b></p>				<p>Digitally signed by Jennifer Pachner DN:cn=Jennifer Pachner,email=jenniferp@unitedtelcom.net,O=united telephone association, inc.,l=Dodge City KS 67801-0117, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jennifer Pachner</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-227-8641</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411841</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WHEAT STATE TELEPHONE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Hoffman</b></p>				<p>Digitally signed by Randy Hoffman DN:cn=Randy Hoffman,email=rhoffman@wheatstate.com,O=wheat state telephone, inc.,l=Udall KS 67146, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Randy Hoffman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-782-3341</b></p>					
Study Area Code of Reporting Carrier	<b>411847</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WILSON TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Craig Freeman</b></p>				<p>Digitally signed by Craig Freeman DN:cn=Craig Freeman,email=craig.freeman@wilsoncom.net,O=wilson telephone company inc.,l=Wilson KS 67490-0190, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Craig Freeman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President / General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-658-2111</b></p>					
Study Area Code of Reporting Carrier	<b>411849</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ZENDA TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Ludenia</b></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=zenda telephone company inc.,l= , Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Ludenia</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>304-983-8642</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411852</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BPS Telephone Company</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lisa Winberry</b></p>				<p>Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps telephone company,l=Bernie MO 63822-0550, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Lisa Winberry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-293-2277</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>420463</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">IAMO COMMUNICATIONS, INC.-MO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tim Toepfer</span></p>				<p><small>Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=ttoepfer@iamo.tel,O=iamo communications, inc.-mo,l= , Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tim Toepfer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO &amp; General Manage</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-583-3232</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421206</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOKAN DIAL, INC.- MO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Adam Dixon</span></p>				<p><small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=mokan dial, inc.- mo,lc=, Date:5/21/2021</small></p> <p>Date: <span style="color: blue;">5/21/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Adam Dixon</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">870-921-5757</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421807</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ALMA COMMUNICATIONS COMPANY DBA ALMA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Adolf Heins</b></p>				<p><small>Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma communications company dba alma tel. co.,l=Alma MO 64001, Date:5/26/2021</small></p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Adolf Heins</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>660-674-2297</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421860</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHARITON VALLEY TELEPHONE CORPORATION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kirby Underberg</b></p>				<p><small>Digitally signed by Kirby Underberg DN:cn=Kirby Underberg,email=kunderberg@charitonvalley.com,O=chariton valley telephone corporation, Date:5/21/2021</small></p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kirby Underberg</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>660-395-9000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421864</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ELLINGTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dee McCormack</b></p>				<p>Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington telephone company,l=Ellington MO 63638, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dee McCormack</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-663-2000</b></p>					
Study Area Code of Reporting Carrier	<b>421874</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARBER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=farber telephone company,l=Oregon MO 64473, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
Study Area Code of Reporting Carrier	<b>421876</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier <i>FIDELITY TELEPHONE LLC</i>			
Signature of authorized officer <i>[Signature]</i>		Date	<i>5-25-21</i>
Printed name of authorized officer <i>John Walburn</i>			
Title or position of authorized officer <i>V.P.</i>			
Telephone number of authorized officer: <i>(773) 468-1262</i> , ext.			
Study Area Code of Reporting Carrier	<i>421882</i>	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021
<p>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.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GRANBY TEL CO - MISSOURI</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cheri Johnson</b></p>				<p>Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - missouri,l=Granby MO 64844, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Cheri Johnson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Corporate Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>417-472-5513</b></p>					
Study Area Code of Reporting Carrier	<b>421887</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GREEN HILLS TELEPHONE CORP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Adams</span></p>				<p><small>Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghtc.com,O=green hills telephone corp.,l=Breckenridge MO 64625, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Adams</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">EVP/GM</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">660-644-5411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421890</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHOCTAW TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Adam Dixon</b></p>				<p>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=choctaw telephone company, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-921-5757</b></p>					
Study Area Code of Reporting Carrier	<b>421893</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KINGDOM TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Marla McCowan</b></p>				<p>Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mmccowan@kingdomtelco.com,O=kingdom telephone company,l=Auxvasse MO 65231, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Marla McCowan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant Board Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-386-2241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421901</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <b>LE-RU TELEPHONE COMPANY</b>			
Signature of authorized officer 		Date <b>5-27-2021</b>	
Printed name of authorized officer <b>W. Jay Mitchell</b>			
Title or position of authorized officer <b>President</b>			
Telephonic number of authorized officer: <b>(417) 628-1313</b>			
Study Area Code of Reporting Carrier <b>421908</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MCDONALD COUNTY TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ross Babbitt</b></p>				<p>Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county telephone co.,l=Pineville MO 64856-0207, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ross Babbitt</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>417-223-4313</b></p>					
Study Area Code of Reporting Carrier	<b>421912</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MILLER TELEPHONE COMPANY - MO</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Ludenia</b></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=miller telephone company - mo, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Ludenia</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>304-983-8642</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421920</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NEW FLORENCE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=new florence telephone co.,l=Oregon MO 64473, Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
Study Area Code of Reporting Carrier	<b>421927</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW LONDON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Wendy Ottman</span></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=new london tel. co.,l=Oregon MO 64473, Date:5/21/2021</small></p> <p>Date: <span style="color: blue;">5/21/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Wendy Ottman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">573-835-4051</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421928</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST MISSOURI RURAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michele Gillespie</b></p>				<p>Digitally signed by Michele Gillespie DN:cn=Michele Gillespie,email=mvan@nemr.net,O=northeast missouri rural tel. co.,l= , Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Michele Gillespie</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>660-874-4111</b></p>					
Study Area Code of Reporting Carrier	<b>421931</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



### 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>Lathrop Telephone Company</b>	
Signature of Authorized Officer		Date	<b>05/18/2021</b>
Printed name of Authorized Officer	<b>Gregg Davis</b>		
Title or position of Authorized Officer	<b>President</b>		
Telephone number or Authorized Officer.	<b>(660) 748-3231 ext. _ _ _ _</b>		
Study Area Code of Reporting Carrier	<b>421932</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2021</b>
<p>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.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ORCHARD FARM TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=orchard farm telephone company,l=Oregon MO 64473, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
Study Area Code of Reporting Carrier	<b>421934</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>OREGON FARMERS MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Adam Dixon</b></p>				<p>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=oregon farmers mutual tel. co.,l= , Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-921-5757</b></p>					
Study Area Code of Reporting Carrier	<b>421935</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PEACE VALLEY TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kelly Bosserman</b></p>				<p>Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman,email=kbosserman@hotmail.com,O=peace valley telephone co.,l=Peace Valley MO 65788-0009, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kelly Bosserman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>417-277-5550</b></p>					
Study Area Code of Reporting Carrier	<b>421936</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>ROCK PORT TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Rick Bradley</b> <small>Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel. co.,l=Rock Port MO 64482-0147, Date:5/20/2021</small>				Date: <b>5/20/2021</b>	
Printed name of Authorized Officer or employee: <b>Rick Bradley</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>660-744-5311</b>					
Study Area Code of Reporting Carrier	<b>421942</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STOUTLAND TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=stoutland telephone company,l=Oregon MO 64473, Date:5/21/2021</small></p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421951</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAVACA TELEPHONE CO.- OK</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Trent LeForce</span></p>				<p><small>Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tforce@dobson.net,O=lavaca telephone co.- ok, Date:5/25/2021</small></p> <p>Date: <span style="color: blue;">5/25/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Trent LeForce</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">405-242-0336</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431704</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KANOKLA TELEPHONE ASSOCIATION - OK</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jill Kuehny</b></p>				<p><small>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ok,l=Caldwell KS 67022-0111, Date:5/20/2021</small></p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jill Kuehny</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-845-5682</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431788</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>SOUTH CENTRAL TEL. ASSN., INC.-OK</b>					
Signature of Authorized Officer or employee: <b>Carla Shearer</b>				<small>Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn., inc.-ok, Date:5/20/2021</small>	
Date: <b>5/20/2021</b>					
Printed name of Authorized Officer or employee: <b>Carla Shearer</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>620-930-1082</b>					
Study Area Code of Reporting Carrier	<b>431831</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ATLAS TELEPHONE CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Barbara Summa</span>				<small>Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas telephone co.,l=Big Cabin OK 74332-0077, Date:5/19/2021</small> Date: <span style="color: blue;">5/19/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Barbara Summa</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">918-783-5111</span>					
Study Area Code of Reporting Carrier	431966		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BEGGS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kay Mount</b></p>				<p><small>Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs telephone company,l=Beggs OK 74421-0749, Date:5/21/2021</small></p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kay Mount</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Pres. &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>918-267-3636</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431968</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Canadian Valley Telephone Co.	
Signature of authorized officer				Date	5/20/21
Printed name of authorized officer		Orlean M. Smith			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(918) 334-3700 ext.			
Study Area Code of Reporting Carrier	431974	Filing Due Date for this form (mm/dd/yyyy)	June 15 2021		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CARNEGIE TELEPHONE CO.INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Powers</span></p>				<p><small>Digitally signed by James Powers DN:cn=James Powers,email=jpowers@carnegietelephone.com,O=carnegie telephone co.inc.,l=Carnegie OK 73015, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Powers</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">580-654-1002</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431976</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CENTRAL OKLAHOMA TELEPHONE CO., L.L.C.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steve Guest</b></p>				<p>Digitally signed by Steve Guest DN:cn=Steve Guest,email=steveg@cotc.net,O=central oklahoma telephone co., l.l.c.,l=Davenport OK 74026-0789, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steve Guest</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>918-377-2241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431977</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHEROKEE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Samuel Sanchez</b></p>				<p>Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee telephone co.,l= , Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Samuel Sanchez</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>580-434-5375</b></p>					
Study Area Code of Reporting Carrier	<b>431979</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHICKASAW TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Larry Jones</b></p>				<p><small>Digitally signed by Larry Jones DN:cn=Larry Jones,email=larry@chickasawphone.net,O=chickasaw telephone co.,l=Sulphur OK 73086-0460, Date:5/20/2021</small></p> <p>Date: <b>5/20/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Larry Jones</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>580-622-5223</b></p>					
Study Area Code of Reporting Carrier	<b>431980</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CIMARRON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">H. Baldwin</span></p>				<p><small>Digitally signed by H. Baldwin DN:cn=H. Baldwin,email=hgb@cimtel.net,O=cimarron tel. co.,l=Mannford OK 74044, Date:5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">H. Baldwin</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">918-865-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431982</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GRAND TELEPHONE CO. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jason Anderson</b></p>				<p><small>Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand telephone co. inc.,l=Jay OK 74346-0308, Date:5/20/2021</small></p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jason Anderson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller/Co-Manager/1st Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>918-253-4231</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431994</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HINTON TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kenneth Doughty</b></p>				<p>Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton telephone co.,l=Hinton OK 73047, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kenneth Doughty</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>405-542-3262</b></p>					
Study Area Code of Reporting Carrier	<b>431995</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>MEDICINE PARK TELEPHONE CO.</b>					
Signature of Authorized Officer or employee: <b>Dean Pennello</b>				<small>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=medicine park telephone co.,l=Medicine Park OK 73557, Date:5/18/2021</small> Date: <b>5/18/2021</b>	
Printed name of Authorized Officer or employee: <b>Dean Pennello</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>580-529-2700</b>					
Study Area Code of Reporting Carrier	<b>432008</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>OKLAHOMA WESTERN TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dean Pennello</b></p>				<p>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=oklahoma western telephone co.,l=Medicine Park OK 73507, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dean Pennello</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>580-529-5000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432014</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>POTTAWATOMIE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Danny Overland</b></p>				<p><small>Digitally signed by Danny Overland DN:cn=Danny Overland,email=dan@goptc.net,O=pottawatomie telephone co.,l=Earlsboro OK 74840-0066, Date:5/20/2021</small></p> <p>Date: <b>5/20/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Danny Overland</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>405-997-5201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432020</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>SALINA-SPAVINAW TEL. CO.,INC.</b>					
Signature of Authorized Officer or employee: <b>Scott Boone</b>				<small>Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel. co.,inc.,l= , Date:5/18/2021</small> Date: <b>5/18/2021</b>	
Printed name of Authorized Officer or employee: <b>Scott Boone</b>					
Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer or employee: <b>918-434-8166</b>					
Study Area Code of Reporting Carrier	<b>432022</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KANOKLA SHIDLER, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jill Kuehny</b></p>				<p>Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla shidler, llc,l=Caldwell KS 67022-0111, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jill Kuehny</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-845-5682</b></p>					
Study Area Code of Reporting Carrier	<b>432023</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TERRAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chad Segress</b></p>				<p>Digitally signed by Chad Segress DN:cn=Chad Segress,email=chad@wavelinx.com,O=terral tel. co.,l= , Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Chad Segress</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>405-609-7164</b></p>					
Study Area Code of Reporting Carrier	<b>432029</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>VALLIANT TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tommy Dorries</b></p>				<p><small>Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant telephone company,1=Valliant OK 74764, Date:5/20/2021</small></p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tommy Dorries</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>580-933-4400</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432032</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WYANDOTTE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=wyandotte telephone company,l=Oregon MO 64473, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
Study Area Code of Reporting Carrier	<b>432034</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CAMERON TELEPHONE COMPANY - TEXAS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Petry</b></p>				<p>Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron telephone company - texas,l=Sulphur LA 70664-0167, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bruce Petry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>337-583-2092</b></p>					
Study Area Code of Reporting Carrier	<b>440425</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BLOSSOM TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Clint Dorries</b></p>				<p><small>Digitally signed by Clint Dorries DN:cn=Clint Dorries,email=clint@blossomtel.net,O=blossom telephone company,l=Blossom TX 75416, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Clint Dorries</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>903-982-5200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442038</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Big Bend Telephone	
Signature of authorized officer			Date		5/28/2021
Printed name of authorized officer			Lauren Sanders		
Title or position of authorized officer			CFO		
Telephone number of authorized officer:			432.364.6000, ext.		
Study Area Code of Reporting Carrier		442034	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BRAZORIA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Garner</b></p>				<p><small>Digitally signed by Mark Garner DN:cn=Mark Garner,email=mark@btel.com,O=brazoria tel. co.,l=BRAZORIA TX 77422, Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Mark Garner</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>979-798-2121</b></p>					
Study Area Code of Reporting Carrier	<b>442040</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CAP ROCK TELEPHONE COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jim Whitefield</b></p>				<p><small>Digitally signed by Jim Whitefield DN:cn=Jim Whitefield,email=advisory@caprock-spur.com,O=cap rock telephone cooperative, inc.,l=Spur TX 79370-0300, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jim Whitefield</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>806-271-3336</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442046</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CENTRAL TEXAS TELEPHONE CO-OP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jamey Wigley</b></p>				<p>Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas telephone co-op. inc.,l=Goldthwaite TX 76844, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jamey Wigley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>325-648-2237</b></p>					
Study Area Code of Reporting Carrier	<b>442052</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COLEMAN COUNTY TELEPHONE CO-OP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tim Humpert</b></p>				<p>Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county telephone co-op. inc.,l=Santa Anna TX 76878, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tim Humpert</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>325-348-3124</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442057</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COLORADO VALLEY TELEPHONE CO-OP. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kelly Allison</span></p>				<p><small>Digitally signed by Kelly Allison DN:cn=Kelly Allison,email=kellya@coloradovalley.com,O=colorado valley telephone co-op. inc.,l=La Grange TX 78945, Date:5/21/2021</small></p> <p>Date: <span style="color: blue;">5/21/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kelly Allison</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">979-247-8315</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442059</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COMMUNITY TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Clifford Humpert</b></p>				<p>Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community telephone company, inc.,l=Windthorst TX 76389, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Clifford Humpert</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>940-423-6201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442061</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CUMBY TELEPHONE COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Karen Zimmerman</b></p>				<p>Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenz@cumbytel.com,O=cumby telephone cooperative inc.,I=Cumby TX 75433, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Karen Zimmerman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>903-994-2211</b></p>					
Study Area Code of Reporting Carrier	<b>442065</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DELL TELEPHONE CO-OP. INC. - TX</b></p>					
<p>Signature of Authorized Officer or employee: <b>Marcy Guillen</b></p>				<p>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delltelco.com,O=dell telephone co-op. inc. - tx, Dell City TX 79837, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Marcy Guillen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>915-964-2352</b></p>					
Study Area Code of Reporting Carrier	<b>442066</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ELECTRA TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dean Pennello</b></p>				<p>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=electra telephone company, inc.,l=Medicine Park OK 73557, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dean Pennello</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>580-529-5000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442069</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>BORDER TO BORDER COMMUNICATIONS</b>					
Signature of Authorized Officer or employee: <b>Dean Pennello</b>				<small>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=border to border communications,l=Medicine Park OK 73557, Date:5/18/2021</small> Date: <b>5/18/2021</b>	
Printed name of Authorized Officer or employee: <b>Dean Pennello</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>580-529-5000</b>					
Study Area Code of Reporting Carrier	<b>442073</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GANADO TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bill Rakowitz</b></p>				<p><small>Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado telephone company inc.,l=Ganado TX 77962-0329, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bill Rakowitz</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>361-771-3331</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442076</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HILL COUNTRY TELEPHONE COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>R. Cook</b></p>				<p><small>Digitally signed by R. Cook DN:cn=R. Cook,email=ccook@hctc.coop,O=hill country telephone cooperative, inc.,l=Ingram TX 78025, Date:5/18/2021</small></p> <p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>R. Cook</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>830-367-5333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442086</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ALENCO COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ray Bussell</b></p>				<p>Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communications, inc.,l=Joshua TX 76058, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ray Bussell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>817-447-0127</b></p>					
Study Area Code of Reporting Carrier	<b>442090</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ETS TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Sam Luxton</b></p>				<p><small>Digitally signed by Sam Luxton DN:cn=Sam Luxton,email=sluxton@entouchsystems.net,O=ets telephone company, inc., Date:5/26/2021</small></p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Sam Luxton</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>281-225-0501</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442091</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LA WARD TELEPHONE EXCHANGE INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Terri Parker</b></p>				<p><small>Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward telephone exchange inc.,l=La Ward TX 77970-0246, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Terri Parker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>361-872-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442103</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Lake Livingston Telephone Company	
Signature of authorized officer				Date	5/19/2021
Printed name of authorized officer		William Whitten			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(936) 566-4000			
Study Area Code of Reporting Carrier	442104	Filing Due Date for this form (mm/dd/yyyy)	June16 2021		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LIPAN TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Beth Howard</span></p>				<p><small>Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan telephone company,l=Lipan TX 76462, Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Beth Howard</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Sec / Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">254-646-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442105</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MUENSTER TEL. CORP. OF TX DBA NORTEX COMM.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Alan Rohmer</b></p>				<p><small>Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster tel. corp. of tx dba nortex comm.,l=Muenster TX 76252, Date:5/21/2021</small></p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Alan Rohmer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>940-759-2251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442116</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TELEPHONE COOPERATIVE - TX</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lloyd Steele</b></p>				<p><small>Digitally signed by Lloyd Steele DN:cn=Lloyd Steele,email=steven.steele@gopeoples.net,O=peoples telephone cooperative - tx, =-Quitman TX 75783-0228, Date:5/26/2021</small></p> <p>Date: <b>5/26/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Lloyd Steele</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>903-878-3132</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442130</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>POKA-LAMBRO TELEPHONE COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Patrick Sherrill</b></p>				<p><small>Digitally signed by Patrick Sherrill DN:cn=Patrick Sherrill,email=psherrill@teampoka.com,O=poka-lambro telephone cooperative, inc.,l= , Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Patrick Sherrill</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>806-924-7234</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442131</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Riviera Telephone Company, Inc	
Signature of authorized officer					Date
Printed name of authorized officer			Billy Colston, III		
Title or position of authorized officer			General Manager/Vice President		
Telephone number of authorized officer:			(361) 296-3232		
Study Area Code of Reporting Carrier		442134	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTH PLAINS TEL. COOP.,INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wade Maner</b></p>				<p><small>Digitally signed by Wade Maner DN:cn=Wade Maner,email=wade.maner@sptc.net,O=south plains tel. coop.,inc.,l=Lubbock TX 79408-1379, Date:5/25/2021</small></p> <p>Date: <b>5/25/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Wade Maner</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>806-763-2301</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442143</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TATUM TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dean Pennello</span></p>				<p><small>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=tatum tel. co.,l=Medicine Park OK 73557, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dean Pennello</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">580-529-5000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442150</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

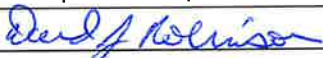
Name of Reporting Carrier				West Texas Rural Telephone Cooperative, Inc.	
Signature of authorized officer			Date		05/18/2021
Printed name of authorized officer			Amy Linzey		
Title or position of authorized officer			Chief Executive Officer		
Telephone number of authorized officer:			(806) 364-3331		
Study Area Code of Reporting Carrier		442166	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER


<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">XIT RURAL TELEPHONE CO-OP. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Thomas Hyer</span></p>				<p><small>Digitally signed by Thomas Hyer DN:cn=Thomas Hyer,email=ahyer@xitcomm.net,O=xit rural telephone co-op. inc.,l=Dalhart TX 79022, Date:5/20/2021</small></p>	
<p>Date: <span style="color: blue;">5/20/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Thomas Hyer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">806-384-7502</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442170</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier ENMR Telephone Cooperative				
Signature of authorized officer 			Date	5-18-2021
Printed name of authorized officer David J. Robinson				
Title or position of authorized officer Chief Executive Officer				
Telephone number of authorized officer: (575) 389-5100				
Study Area Code of Reporting Carrier		442262	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>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).</p>			
Name of Reporting Carrier <b>Hopi Telecommunications, Inc.</b>			
Signature of authorized officer 		Date	<b>5/19/2021</b>
Printed name of authorized officer <b>Carroll Onsae</b>			
Title or position of authorized officer <b>President/General Manager</b>			
Telephone number of authorized officer: <b>(928) 522-8428</b>			
Study Area Code of Reporting Carrier	<b>450815</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
<p>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.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SAN CARLOS APACHE TELECOMM. UTILITY, INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Shirley Ortiz</span></p>				<p><small>Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache telecomm. utility, inc.,I=Peridot AZ 85542, Date:5/24/2021</small></p>	
<p>Date: <span style="color: blue;">5/24/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Shirley Ortiz</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">928-475-7058</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">452169</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Tohono O'odham Utility Authority	
Signature of authorized officer		<i>Harriet Toro</i>		Date	5/24/2021
Printed name of authorized officer		Harriet Toro			
Title or position of authorized officer		Chairwoman			
Telephone number of authorized officer:		(520) 383-2236			
Study Area Code of Reporting Carrier		452173	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>VALLEY TELEPHONE COOPERATIVE INC-AZ</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Metts</b></p>				<p>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@teamvtg.net,O=valley telephone cooperative inc-az,l=Willcox AZ 85644, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steven Metts</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO / General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>520-384-2231</b></p>					
Study Area Code of Reporting Carrier	<b>452176</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GILA RIVER TELECOMMUNICATIONS, INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Meyers</span></p>				<p><small>Digitally signed by James Meyers DN:cn=James Meyers,email=jmeyers@gilarivertel.com,O=gila river telecommunications, inc., Date:5/18/2021</small></p>	
<p>Date: <span style="color: blue;">5/18/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Meyers</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">520-796-8885</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">452179</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FORT MOJAVE TELECOMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Scully</b></p>				<p><small>Digitally signed by Michael Scully DN:cn=Michael Scully,email=mscully@ftmojave.net,O=fort mojave telecommunications, inc., Date:5/26/2021</small></p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Michael Scully</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>928-346-2523</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>452200</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				MIDVALE TELEPHONE EXCHANGE	
Signature of authorized officer			Date		5-27-21
Printed name of authorized officer					
JOHN SIMON					
Title or position of authorized officer					
CEO					
Telephone number of authorized officer: 208 358 2211, ext.					
Study Area Code of Reporting Carrier		452226		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TABLE TOP TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Rick Williams</span></p>				<p><small>Digitally signed by Rick Williams DN:cn=Rick Williams,email=rickw@ponderosatel.com,O=table top telephone company, inc., Date:5/27/2021</small></p>	
<p>Date: <span style="color: blue;">5/27/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Williams</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">559-868-6392</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">453334</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>AGATE MUTUAL TELEPHONE COOPERATIVE ASSOC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Judy Hollembeak</b></p>				<p><small>Digitally signed by Judy Hollembeak DN:cn=Judy Hollembeak,email=amtca@amtca.net,O=agate mutual telephone cooperative assoc.,l=Agate CO 80101, Date:5/20/2021</small></p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Judy Hollembeak</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>719-764-2578</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462178</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BIJOU TEL COOPERATIVE ASSOC. INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brian Creveling</b></p>				<p>Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel cooperative assoc. inc, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brian Creveling</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>303-822-5400</b></p>					
Study Area Code of Reporting Carrier	<b>462181</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BLANCA TELEPHONE COMPANY DBA BLANCA NETWORKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Alan Wehe</b></p>				<p>Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca telephone company dba blanca networks,l=Alamosa CO 81101, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Alan Wehe</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>719-379-3839</b></p>					
Study Area Code of Reporting Carrier	<b>462182</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>EASTERN SLOPE RURAL TEL ASSN INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Patricia White</b></p>				<p>Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural tel assn inc,I=Hugo CO 80821-0397, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Patricia White</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>719-743-2441</b></p>					
Study Area Code of Reporting Carrier	<b>462186</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <b>FARMERS TELEPHONE COMPANY, INC.</b>				
Signature of authorized officer <i>Terry Hinds</i>			Date	<b>5/19/2021</b>
Printed name of authorized officer <b>TERRY HINDS</b>				
Title or position of authorized officer <b>GENERAL MANAGER/CEO</b>				
Telephone number of authorized officer: <b>(970) 562-4211</b>				
Study Area Code of Reporting Carrier	<b>462188</b>		Filing Due Date for this form (mm/dd/yyyy)	June 16 2021
<p><b>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.</b></p>				



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HAXTUN TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Adam Dixon</b></p>				<p><small>Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=haxtun telephone company,lc=, Date:5/21/2021</small></p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Adam Dixon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-921-5757</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462190</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NUNN TEL. COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Greg Grablander</b></p>				<p>Digitally signed by Greg Grablander DN:cn=Greg Grablander,email=greg@ezlink.com,O=nunn tel. company,l=Nunn CO 80648, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Greg Grablander</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-897-2200</b></p>					
Study Area Code of Reporting Carrier	<b>462194</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTH PARK TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Shipley</b></p>				<p>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@usch.com,O=south park telephone company,l=Colorado City CO 81019-0166, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Shipley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>719-676-4151</b></p>					
Study Area Code of Reporting Carrier	<b>462195</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PEETZ COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kathy Glassburn</b></p>				<p><small>Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=kathy@peetzplace.com,O=peetz coop. tel. co.,l=Peetz CO 80747, Date:5/24/2021</small></p> <p>Date: <b>5/24/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kathy Glassburn</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-334-2220</b></p>					
Study Area Code of Reporting Carrier	<b>462196</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE DRIVE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Matthew Sellers</span></p>				<p><small>Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel. co.,l=Beulah CO 81023, Date:5/27/2021</small></p> <p>Date: <span style="color: blue;">5/27/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Matthew Sellers</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">719-485-3400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462198</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PLAINS COOPERATIVE TEL. ASSOC. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ronny Puckett</b></p>				<p>Digitally signed by Ronny Puckett DN:cn=Ronny Puckett,email=ronnypuckett@plainstel.com,O=plains cooperative tel. assoc. inc.,l=Joes CO 80822, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ronny Puckett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-358-4211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462199</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RICO TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jeremy Smith</span></p>				<p><small>Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=rico tel. co.,l=Rockland ID 83271, Date:5/18/2021</small></p> <p>Date: <span style="color: blue;">5/18/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jeremy Smith</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-548-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462201</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Rico Telephone Company, Inc.				
Signature of authorized officer 			Date	8/10/2021
Printed name of authorized officer Kip Wilson				
Title or position of authorized officer General Manager				
Telephone number of authorized officer: (208) 548-2345 ext.				
Study Area Code of Reporting Carrier	462201		Filing Due Date for this form (mm/dd/yyyy)	August 2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ROGGEN TELEPHONE COOPERATIVE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Peggy Manino</b></p>				<p><small>Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen telephone cooperative co.,l=Roggen CO 80652-0100, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Peggy Manino</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>303-849-5260</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462202</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE RYE TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Shipley</b></p>				<p>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@usch.com,O=the rye telephone company inc.,l=Colorado City CO 81019-0166, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Shipley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>719-676-3131</b></p>					
Study Area Code of Reporting Carrier	<b>462203</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STONEHAM COOPERATIVE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aimee Dollerschell</b></p>				<p>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=aimeed@stonehamtel.com,O=stoneham cooperative tel. co.,l=Stoneham CO 80754, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Aimee Dollerschell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-735-2251</b></p>					
Study Area Code of Reporting Carrier	<b>462206</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WIGGINS TEL. ASSOC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Terry Hendrickson</b></p>				<p>Digitally signed by Terry Hendrickson DN:cn=Terry Hendrickson,email=terry@wigginstel.com,O=wiggins tel. assoc.,l=Wiggins CO 80654-0690, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Terry Hendrickson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-483-7343</b></p>					
Study Area Code of Reporting Carrier	<b>462209</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WILLARD TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aimee Dollerschell</b></p>				<p>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel. co.,l= , Date:5/22/2021</p>	
<p>Date: <b>5/22/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Aimee Dollerschell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-228-4571</b></p>					
Study Area Code of Reporting Carrier	<b>462210</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ALBION TEL. CO. D/B/A ATC COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rich Redman</b></p>				<p>Digitally signed by Rich Redman DN:cn=Rich Redman,email=rredman@atccomm.com,O=albion tel. co. d/b/a atc communications,l=Albion ID 83311, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rich Redman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-673-5335</b></p>					
Study Area Code of Reporting Carrier	<b>472213</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CUSTER TEL. COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Bennetts</b></p>				<p>Digitally signed by James Bennetts DN:cn=James Bennetts,email=jd.bennetts@custerel.com,O=custer tel. cooperative inc.,l=Challis ID 83226, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Bennetts</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-879-2281</b></p>					
Study Area Code of Reporting Carrier	<b>472218</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FILER MUTUAL TEL. COMPANY-ID dba TRULEAP TECH</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bob Kraut</b></p>				<p>Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel. company-id dba truleap tech, =Filer ID 83328-0089, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bob Kraut</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-326-4330</b></p>					
Study Area Code of Reporting Carrier	<b>472220</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL CO LTD. - ID</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ronald Rembelski</b></p>				<p>Digitally signed by Ronald Rembelski DN:cn=Ronald Rembelski,email=ron.r@fmtc.com,O=farmers mutual tel co ltd. - id,j=Fruitland ID 83619, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ronald Rembelski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-452-2000</b></p>					
Study Area Code of Reporting Carrier	<b>472221</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				MIDVALE TELEPHONE EXCHANGE	
Signature of authorized officer			Date		5-27-21
Printed name of authorized officer					
JOHN STUART					
Title or position of authorized officer					
CFO					
Telephone number of authorized officer: 20835-2211, ext.					
Study Area Code of Reporting Carrier		472226		Filing Due Date for this form (mm/dd/yyyy)	06/16/2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier <i>MudLake Telephone Coop, Assoc.</i>				
Signature of authorized officer <i>Vakari Steigerwald</i>			Date	<i>5-28-21</i>
Printed name of authorized officer <i>Vakari Steigerwald</i>				
Title or position of authorized officer <i>Manager</i>				
Telephone number of authorized officer: <i>208</i> , ext. <i>374-5401</i>				
Study Area Code of Reporting Carrier		<i>472227</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>06/16/2021</i>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PROJECT MUTUAL TEL. COOP. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Rick Harder</span></p>				<p><small>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel. coop. assn.,l= , Date:5/26/2021</small></p>	
<p>Date: <span style="color: blue;">5/26/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Harder</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-434-7124</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472231</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

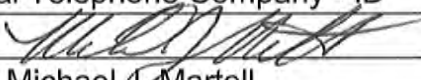
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DIRECT COMMUNICATIONS ROCKLAND, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Timothy May</b></p>				<p><small>Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=direct communications rockland, inc.,l=Rockland ID 83271, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Timothy May</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-548-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472232</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					Rural Telephone Company - ID					
Signature of authorized officer							Date		05/24/2021	
Printed name of authorized officer				Michael J. Martell						
Title or position of authorized officer				Vice-President						
Telephone number of authorized officer:				(208) 366-2614						
Study Area Code of Reporting Carrier			472233		Filing Due Date for this form (mm/dd/yyyy)		June 16 2021			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>INLAND TELEPHONE COMPANY - ID</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Brooks</b></p>				<p>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - id,lc=Roslyn WA 98941, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Brooks</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer/Controller/Reg. Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>509-649-2211</b></p>					
Study Area Code of Reporting Carrier	<b>472423</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN TEL. CO. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aaron Daniel</span></p>				<p><small>Digitally signed by Aaron Daniel DN:cn=Aaron Daniel,email=aarond@lincotel.net,O=lincoln tel. co. inc.,l= , Date:5/20/2021</small></p> <p>Date: <span style="color: blue;">5/20/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Aaron Daniel</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-362-4216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482244</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHERN TEL. COOP INC.- MT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Aimee Dietrich</span></p>				<p><small>Digitally signed by Aimee Dietrich DN:cn=Aimee Dietrich,email=adietrich@northerntel.net,O=northern tel. coop inc.- mt,l=Sunburst MT 59482, Date:5/24/2021</small></p> <p>Date: <span style="color: blue;">5/24/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Aimee Dietrich</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-937-2114</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482248</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>RANGE TEL. COOP INC.-MT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Gail Rainey</b></p>				<p><small>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. coop inc.-mt,l=Forsyth MT 59327, Date:5/25/2021</small></p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Gail Rainey</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-347-2859</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482251</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTHERN MONTANA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Doran Fluckiger</b></p>				<p><small>Digitally signed by Doran Fluckiger DN:cn=Doran Fluckiger,email=doran@smtel.com,O=southern montana tel. co.,l=Wisdom MT 59761, Date:5/21/2021</small></p> <p>Date: <b>5/21/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Doran Fluckiger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-689-3333</b></p>					
Study Area Code of Reporting Carrier	<b>482254</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>3-RIVERS TEL. COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Massey</b></p>				<p>Digitally signed by David Massey DN:cn=David Massey,email=david.massey@3rivers.coop,O=3-rivers tel. cooperative inc.,l=Fairfield MT 59436, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Massey</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/Director of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-467-4402</b></p>					
Study Area Code of Reporting Carrier	<b>482255</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRIANGLE TEL. COOPERATIVE ASSN. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Craig Gates</span></p>				<p><small>Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle tel. cooperative assn. inc.,l=Havre MT 59501, Date:5/24/2021</small></p>	
<p>Date: <span style="color: blue;">5/24/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Craig Gates</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-394-7807</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482257</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>SIYEH COMMUNICATIONS</b>					
Signature of Authorized Officer or employee: <b>Lisa VandenBos</b> <small>Digitally signed by Lisa VandenBos DN:cn=Lisa VandenBos,email=lvandenbos@glaciercash.com,O=siyeh communications,l= , Date:5/26/2021</small>				Date: <b>5/26/2021</b>	
Printed name of Authorized Officer or employee: <b>Lisa VandenBos</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>406-338-5669</b>					
Study Area Code of Reporting Carrier	<b>482485</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TRIANGLE TELEPHONE COOPERATIVE ASSN.,INC.-CMC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Craig Gates</b></p>				<p>Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle telephone cooperative assn.,inc.-cmc,l=Havre MT 59501, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Craig Gates</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-394-7807</b></p>					
Study Area Code of Reporting Carrier	<b>483310</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Mescalero Apache Telecom, Inc.	
Signature of authorized officer			Date		5/18/21
Printed name of authorized officer			Godfrey Enjady		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(575) 464-4039		
Study Area Code of Reporting Carrier		491231	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DELL TELEPHONE CO-OP. INC.-NM</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Marcy Guillen</span></p>				<p><small>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delltelco.com,O=dell telephone co-op. inc.-nm,l=Dell City TX 79837, Date:5/21/2021</small></p> <p>Date: <span style="color: blue;">5/21/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Marcy Guillen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">915-964-2352</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492066</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER


Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: VALLEY TELEPHONE COOPERATIVE INC-NM					
Signature of Authorized Officer or employee: Steven Metts <small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@teamvtg.net,O=valley telephone cooperative inc-nm,l=Willcox AZ 85644, Date:5/19/2021</small>				Date: 5/19/2021	
Printed name of Authorized Officer or employee: Steven Metts					
Title or position of Authorized Officer or employee: CEO / General Manager					
Telephone number of Authorized Officer or employee: 520-384-2231					
Study Area Code of Reporting Carrier	492176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>BACA VALLEY TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Paul Briesh</b> <small>Digitally signed by Paul Briesh DN:cn=Paul Briesh,email=paulbvt@bacavalley.net,O=baca valley tel. co.,l=Des Moines NM 88418, Date:5/19/2021</small>				Date: <b>5/19/2021</b>	
Printed name of Authorized Officer or employee: <b>Paul Briesh</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>575-278-2101</b>					
Study Area Code of Reporting Carrier	<b>492259</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier ENMR Telephone Cooperative				
Signature of authorized officer 			Date	5-18-2021
Printed name of authorized officer David J. Robinson				
Title or position of authorized officer Chief Executive Officer				
Telephone number of authorized officer: (575) 389-5100				
Study Area Code of Reporting Carrier		492262	Filing Due Date for this form (mm/dd/yyyy)	June16 2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA JICARITA RURAL TEL. COOP. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Danny Gray</span></p>				<p><small>Digitally signed by Danny Gray DN:cn=Danny Gray,email=dgray@lajicarita.com,O=la jicarita rural tel. coop. inc.,l=Mora NM 87732-0269, Date:5/20/2021</small></p>	
<p>Date: <span style="color: blue;">5/20/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Danny Gray</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-387-2216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492263</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEACO RURAL TEL. COOPERATIVE INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Jimenez</span></p>				<p><small>Digitally signed by David Jimenez DN:cn=David Jimenez,email=djimenez@leaco.org,O=leaco rural tel. cooperative inc.,l= , Date:5/25/2021</small></p>	
<p>Date: <span style="color: blue;">5/25/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Jimenez</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-370-5010</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492264</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">Tularosa Basin Telephone Company, Inc.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Joshua Beug</span></p>				<p><small>Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbt.net,O=tularosa basin telephone company, inc., Date:5/18/2021</small></p>	
<p>Date: <span style="color: blue;">5/18/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joshua Beug</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-585-0125</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492265</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTERN NEW MEXICO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Daniel Meszler</span></p>				<p><small>Digitally signed by Daniel Meszler DN:cn=Daniel Meszler,email=dmeszler@wnmt.com,O=western new mexico tel. co., inc.,l=Silver City NM 88061, Date:5/27/2021</small></p> <p>Date: <span style="color: blue;">5/27/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Daniel Meszler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-388-2546</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492268</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PENASCO VALLEY TEL. COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kurt Garrard</b></p>				<p><small>Digitally signed by Kurt Garrard DN:cn=Kurt Garrard,email=kgarrard@pvt.com,O=penasco valley tel. cooperative inc.,l= , Date:5/26/2021</small></p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kurt Garrard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>575-748-1241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492270</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROOSEVELT COUNTY RURAL TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Cecile Archibeque</span></p>				<p><small>Digitally signed by Cecile Archibeque DN: cn=Cecile Archibeque, email=cecile@yuccatelecom.com, O=roosevelt county rural tel. coop., inc., l=Portales NM 88130-0867, Date: 5/19/2021</small></p> <p>Date: <span style="color: blue;">5/19/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Cecile Archibeque</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/EO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-226-2255</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492272</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

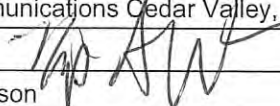
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SACRED WIND COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Terry Clark</b></p>				<p>Digitally signed by Terry Clark DN:cn=Terry Clark,email=tclark@sacredwindnm.com,O=sacred wind communications, inc.,l= , Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Terry Clark</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>505-908-2661</b></p>					
Study Area Code of Reporting Carrier	<b>493403</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DIRECT COMMUNICATIONS CEDAR VALLEY, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kip Wilson</b></p>				<p><small>Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=direct communications cedar valley, llc,l=Rockland ID 83271, Date:5/18/2021</small></p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kip Wilson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-548-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>500758</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Direct Communications Cedar Valley, LLC.				
Signature of authorized officer 			Date	8/10/2021
Printed name of authorized officer Kip Wilson				
Title or position of authorized officer General Manager				
Telephone number of authorized officer: (208) 548-2345 ext.				
Study Area Code of Reporting Carrier	500758		Filing Due Date for this form (mm/dd/yyyy)	August 2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CENTRAL UTAH TEL. INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Plows</span>				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel. inc.,l= , Date:5/21/2021</small>  Date: <span style="color: blue;">5/21/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Plows</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">702-396-0151</span>					
Study Area Code of Reporting Carrier	502277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GUNNISON TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Natalie Gleave</b></p>				<p>Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel. co.,l=Gunnison UT 84634, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Natalie Gleave</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller/Director</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>435-528-7236</b></p>					
Study Area Code of Reporting Carrier	<b>502279</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">MANTI TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dallas Cox</span>				<small>Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti telephone company, Date:5/26/2021</small>  Date: <span style="color: blue;">5/26/2021</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dallas Cox</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President and General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">435-835-3391</span>					
Study Area Code of Reporting Carrier	502282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SKYLINE TELECOM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike Plows</b></p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc= , Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mike Plows</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>702-396-0151</b></p>					
Study Area Code of Reporting Carrier	<b>502283</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BEEHIVE TELEPHONE CO., INC., UT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Larry Mason</b></p>				<p>Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone co., inc., ut,L=Lake Point UT 84074, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Larry Mason</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Senior Vice President Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>435-837-6000</b></p>					
Study Area Code of Reporting Carrier	<b>502284</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTH CENTRAL UTAH TEL. ASSN. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael East</b></p>				<p><small>Digitally signed by Michael East DN:cn=Michael East,email=michaele@socen.com,O=south central utah tel. assn. inc.,l= , Date:5/25/2021</small></p> <p>Date: <b>5/25/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michael East</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>435-826-4211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502286</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>BEAR LAKE COMMUNICATIONS</b>					
Signature of Authorized Officer or employee: <b>Mike Plows</b>				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake communications,l= , Date:5/21/2021</small> Date: <b>5/21/2021</b>	
Printed name of Authorized Officer or employee: <b>Mike Plows</b>					
Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer or employee: <b>702-396-0151</b>					
Study Area Code of Reporting Carrier	<b>503032</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANGE TEL. COOPERATIVE INC.-WY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gail Rainey</span></p>				<p><small>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. cooperative inc.-wy,l=Forsyth MT 59327, Date:5/25/2021</small></p>	
<p>Date: <span style="color: blue;">5/25/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gail Rainey</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-347-2859</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">512251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DUBOIS TELEPHONE EXCHANGE INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Gail Rainey</b></p>				<p>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=dubois telephone exchange inc.,l=Forsyth MT 59327, Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Gail Rainey</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-347-2859</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>512291</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTGATE COMMUNICATIONS LLC dba WEAVTEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Richard Weaver</span></p>				<p><small>Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=richard@weavnet.com,O=westgate communications llc dba weavtel,l=Wenatchee WA 98807, Date:5/24/2021</small></p>	
<p>Date: <span style="color: blue;">5/24/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Weaver</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">509-682-5556</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">520580</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SKYLINE TELECOM COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
Study Area Code of Reporting Carrier	<b>520581</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAT ISLAND TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gary Ricketts</span></p>				<p><small>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=hat island telephone company, Date:5/25/2021</small></p>	
<p>Date: <span style="color: blue;">5/25/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gary Ricketts</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-321-0051</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522417</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					Pend Oreille Telephone Company				
Signature of authorized officer						Date		05/24/2021	
Printed name of authorized officer				Michael J. Martell					
Title or position of authorized officer				Vice-President					
Telephone number of authorized officer:				(208) 366-2614					
Study Area Code of Reporting Carrier		522418		Filing Due Date for this form (mm/dd/yyyy)		June 16 2021			
<p>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.</p>									

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HOOD CANAL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Richard Buechel</b></p>				<p>Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal telephone company,l=Union WA 98592, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Richard Buechel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-898-2481</b></p>					
Study Area Code of Reporting Carrier	<b>522419</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>INLAND TELEPHONE COMPANY - WA</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Brooks</b></p>				<p>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - wa,l=Roslyn WA 98941, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Brooks</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer/Controller/Reg. Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>509-649-2211</b></p>					
Study Area Code of Reporting Carrier	<b>522423</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KALAMA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rick Vitzthum</b></p>				<small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,l=Tenino WA 98589, Date:5/19/2021</small>  <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Rick Vitzthum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-264-3155</b></p>					
Study Area Code of Reporting Carrier	<b>522426</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MASHELL TELECOM INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brian Haynes</b></p>				<p><small>Digitally signed by Brian Haynes DN:cn=Brian Haynes,email=brian.haynes@rainierconnect.net,O=mashell telecom inc.,l=Eatonville WA 98328, Date:5/18/2021</small></p> <p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Brian Haynes</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-892-4130</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522431</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PIONEER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dallas Filan</b></p>				<p>Digitally signed by Dallas Filan DN:cn=Dallas Filan,email=dfilan@pionnet.com,O=pioneer telephone company,l=Lacrosse WA 99143, Date:5/19/2021</p>	
				<p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dallas Filan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>509-549-3511</b></p>					
Study Area Code of Reporting Carrier	<b>522437</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ST. JOHN TELEPHONE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Trump</b></p>				<p><small>Digitally signed by Eric Trump DN:cn=Eric Trump,email=eric@stjohncable.com,O=st. john telephone, inc.,I=St. John WA 99171, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Trump</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>509-648-3322</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522442</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TENINO TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rick Vitzthum</b></p>				<p>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino tel. co.,l=Tenino WA 98589, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rick Vitzthum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-264-3155</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522446</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p>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.</p>					

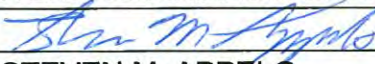
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>TOLEDO TELEPHONE COMPANY INC.</b>					
Signature of Authorized Officer or employee: <b>Philip Cappalonga</b>				<small>Digitally signed by Philip Cappalonga DN: cn=Philip Cappalonga, email=phil@toledotel.net, O=toledo telephone company inc.,   = , Date: 5/21/2021</small>	
Date: <b>5/21/2021</b>					
Printed name of Authorized Officer or employee: <b>Philip Cappalonga</b>					
Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer or employee: <b>360-864-2004</b>					
Study Area Code of Reporting Carrier	<b>522447</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Name of Reporting Carrier <b>WESTERN WAHIAKUM COUNTY TELEPHONE COMPANY</b>				
Signature of authorized officer 		Date <b>5/19/21</b>		
Printed name of authorized officer <b>STEVEN M. APPELO</b>				
Title or position of authorized officer <b>PRESIDENT</b>				
Telephone number of authorized officer: <b>(360) 465-2211</b>				
Study Area Code of Reporting Carrier <b>522451</b>		Filing Due Date for this form (mm/dd/yyyy) <b>June 16 2021</b>		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WHIDBEY TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Gary Ricketts</b></p>				<p>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/25/2021</p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Gary Ricketts</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-321-0051</b></p>					
Study Area Code of Reporting Carrier	<b>522452</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BEAVER CREEK COOPERATIVE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Hauer</b></p>				<p>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=beaver creek cooperative tel. co.,l=Mt. Angel OR 97362, Date:5/24/2021</p>	
<p>Date: <b>5/24/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Hauer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-845-4433</b></p>					
Study Area Code of Reporting Carrier	<b>532359</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLEAR CREEK MUTUAL TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jason Henke</span></p>				<p><small>Digitally signed by Jason Henke DN:cn=Jason Henke,email=jhenke@clearcreek.coop,O=clear creek mutual telephone co.,l= , Date:5/24/2021</small></p>	
<p>Date: <span style="color: blue;">5/24/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jason Henke</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-631-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532363</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p style="text-align: center;">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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COLTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Geri Fraijo</b></p>				<p><small>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=geri@coltontel.com,O=colton telephone company,l=Colton OR 97017, Date:5/25/2021</small></p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Geri Fraijo</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-824-3211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532364</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>EAGLE TELEPHONE SYSTEM INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike Lattin</b></p>				<p>Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle telephone system inc.,I=Richland OR 97870, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mike Lattin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-893-6111</b></p>					
Study Area Code of Reporting Carrier	<b>532369</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CASCADE UTILITIES INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brooke Wheeler</b></p>				<p><small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-630-8952</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532371</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GERVAIS TELEPHONE COMPANY DBA DATAVISION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Renee Willer</b></p>				<p>Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais telephone company dba datavision,I=Gervais OR 97026, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Renee Willer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-792-5500</b></p>					
Study Area Code of Reporting Carrier	<b>532373</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>ROOME TELECOMMUNICATIONS INC.</b>					
Signature of Authorized Officer or employee: <b>Ronald Roome</b>				<small>Digitally signed by Ronald Roome DN:cn=Ronald Roome,email=ronroome@rtinet.com,O=roome telecommunications inc.,l=Halsey OR 97348, Date:5/25/2021</small> Date: <b>5/25/2021</b>	
Printed name of Authorized Officer or employee: <b>Ronald Roome</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>541-369-2211</b>					
Study Area Code of Reporting Carrier	<b>532375</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HELIX TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Delinda Kluser</span></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=helix telephone company,l=Mt. Vernon OR 97865-0609, Date:5/20/2021</small></p>	
<p>Date: <span style="color: blue;">5/20/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Delinda Kluser</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President, Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">541-932-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532376</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOME TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Delinda Kluser</span></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=home telephone company,l=Mt. Vernon OR 97865-0609, Date:5/20/2021</small></p>	
<p>Date: <span style="color: blue;">5/20/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Delinda Kluser</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President, Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">541-932-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532377</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TRANS-CASCADES TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brooke Wheeler</b></p>				<p><small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades telephone company,l=Estacada OR 97023, Date:5/19/2021</small></p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-630-8952</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532378</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOLALLA TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Terry Simms</span></p>				<p><small>Digitally signed by Terry Simms DN:cn=Terry Simms,email=TSimms@molalla.com,O=molalla telephone company,l= , Date:5/18/2021</small></p>	
<p>Date: <span style="color: blue;">5/18/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Terry Simms</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-829-1122</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532383</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MONITOR COOPERATIVE TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Geri Fraijo</b></p>				<p><small>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor cooperative telephone co,l= , Date:5/25/2021</small></p>	
<p>Date: <b>5/25/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Geri Fraijo</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-634-2266</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532384</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MONROE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Mills</b></p>				<p>Digitally signed by David Mills DN:cn=David Mills,email=NECAaffairs@monroetel.com,O=monroe telephone company,l=Monroe OR 97456-0130, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Mills</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-847-5135</b></p>					
Study Area Code of Reporting Carrier	<b>532385</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CANBY TELEPHONE ASSOCIATION (MT. ANGEL)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Hauer</b></p>				<p><small>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby telephone association (mt. angel),l=Mt. Angel OR 97362, Date:5/24/2021</small></p> <p>Date: <b>5/24/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Paul Hauer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-632-6314</b></p>					
Study Area Code of Reporting Carrier	<b>532386</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Nehalem Telecommunications Inc.**

Signature of authorized officer  Date **05/24/2021**

Printed name of authorized officer **Michael J. Martell**

Title or position of authorized officer **Vice-President**

Telephone number of authorized officer: **(208) 366-2614**

Study Area Code of Reporting Carrier	<b>532387</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
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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.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTH STATE TELEPHONE COMPANY - OR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=north state telephone company - or,l=Mt. Vernon OR 97865-0609, Date:5/20/2021</small></p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532388</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>OREGON TELEPHONE CORPORATION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otconnections.net,O=oregon telephone corporation,l=Mt. Vernon OR 97865-0609, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
Study Area Code of Reporting Carrier	<b>532389</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>OREGON-IDAHO UTILITIES, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Justin Perez</b></p>				<p>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho utilities, inc.,l=Nampa ID 83653, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Justin Perez</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-461-7802</b></p>					
Study Area Code of Reporting Carrier	<b>532390</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TELEPHONE CO. - OR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Erik Hoefer</b></p>				<p><small>Digitally signed by Erik Hoefer DN:cn=Erik Hoefer,email=ehoefer@sctcweb.com,O=peoples telephone co. - or,l=Stayton OR 97383, Date:5/20/2021</small></p> <p>Date: <b>5/20/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Erik Hoefer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-769-4624</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532391</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PINE TELEPHONE SYSTEM INC. - OR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=pine telephone system inc. - or,Inc. Vernon OR 97865-0609, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
Study Area Code of Reporting Carrier	<b>532392</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PIONEER TELEPHONE COOP. DBA PIONEER CONNECT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kurtis Kontur</b></p>				<p><small>Digitally signed by Kurtis Kontur DN:cn=Kurtis Kontur,email=kurtiskontur@pioneerconnect.net,O=pioneer telephone coop. dba pioneer connect,l=Philomath OR 97370, Date:5/20/2021</small></p> <p>Date: <b>5/20/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kurtis Kontur</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-929-8225</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532393</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ST. PAUL COOP. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Nick Schneider</b></p>				<p>Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st. paul coop. tel. assn.,l=St. Paul OR 97137, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Nick Schneider</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-633-2111</b></p>					
Study Area Code of Reporting Carrier	<b>532396</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>SCIO MUTUAL TEL. ASSOCIATION</b>					
Signature of Authorized Officer or employee: <b>Thomas Barth</b>				<small>Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tom.barth@smta.coop,O=scio mutual tel. association,l=Scio OR 97374, Date:5/20/2021</small> Date: <b>5/20/2021</b>	
Printed name of Authorized Officer or employee: <b>Thomas Barth</b>					
Title or position of Authorized Officer or employee: <b>CEO/General Manager</b>					
Telephone number of Authorized Officer or employee: <b>503-394-3366</b>					
Study Area Code of Reporting Carrier	<b>532397</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STAYTON COOP. TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Erik Hoefer</b></p>				<p>Digitally signed by Erik Hoefer DN:cn=Erik Hoefer,email=ehoefer@sctcweb.com,O=stayton coop. tel co,l=Stayton OR 97383, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Erik Hoefer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-769-4624</b></p>					
Study Area Code of Reporting Carrier	<b>532399</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>OREGON TELEPHONE CORPORATION (MTE-OREGON)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otconnections.net,O=oregon telephone corporation (mte-oregon),l=Mt. Vernon OR 97865-0609, Date:5/20/2021</p>	
<p>Date: <b>5/20/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
Study Area Code of Reporting Carrier	<b>533336</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CALAVERAS TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Rose Cullen</span></p>				<p><small>Digitally signed by Rose Cullen DN:cn=Rose Cullen,email=rose.cullen@caltel.com,O=calaveras telephone company,l=Copperopolis CA 95228, Date:5/27/2021</small></p>	
<p>Date: <span style="color: blue;">5/27/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rose Cullen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">209-785-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542301</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAL-ORE TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Waihun Yee</span></p>				<p><small>Digitally signed by Waihun Yee DN:cn=Waihun Yee,email=waihun@calore.net,O=cal-ore telephone co.,l=Dorris CA 96023-0847, Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Waihun Yee</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">530-397-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542311</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p>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.</p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DUCOR TELEPHONE COMPANY dba VARCOMM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jenifer Vellucci</b></p>				<p>Digitally signed by Jenifer Vellucci DN:cn=Jenifer Vellucci,email=jvellucci@varcomm.biz,O=ducor telephone company dba varcomm, D=Ducor CA 93218, Date:5/18/2021</p>	
				<p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jenifer Vellucci</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Ducor Telephone Company</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>210-534-2210</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542313</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Foresthill Telephone Co DBA Sebastian				
Signature of authorized officer 			Date	5/25/21
Printed name of authorized officer Rhonda Armstrong				
Title or position of authorized officer Vice President - Operations				
Telephone number of authorized officer: (559) 846-7861, ext.				
Study Area Code of Reporting Carrier	542318		Filing Due Date for this form (mm/dd/yyyy)	June 16 2021
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Kerman Telephone Co DBA Sebastian	
Signature of authorized officer			Date		5/25/21
Printed name of authorized officer			Rhonda Armstrong		
Title or position of authorized officer			Vice President - Operations		
Telephone number of authorized officer:			(559) 846-7861		
Study Area Code of Reporting Carrier		542324	Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE PONDEROSA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rick Williams</b></p>				<p>Digitally signed by Rick Williams DN:cn=Rick Williams,email=rickw@ponderosatel.com,O=table top telephone company, inc., Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rick Williams</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>559-868-6392</b></p>					
Study Area Code of Reporting Carrier	<b>542332</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SIERRA TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cynthia Huber</b></p>				<p><small>Digitally signed by Cynthia Huber DN:cn=Cynthia Huber,email=cindyh@stcg.net,O=sierra telephone company, inc.,l=Oakhurst CA 93644, Date:5/24/2021</small></p> <p>Date: <b>5/24/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Cynthia Huber</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>559-642-0209</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542338</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

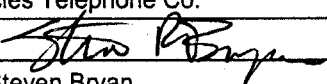
**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>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).</p>			
Name of Reporting Carrier <b>Siskiyou Telephone Company</b>			
Signature of authorized officer <i>James T. Lowers</i>		Date <b>05/25/2021</b>	
Printed name of authorized officer <b>James T. Lowers</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(530) 467-6000</b>			
Study Area Code of Reporting Carrier <b>542339</b>		Filing Due Date for this form (mm/dd/yyyy)	June 16 2021
<p>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.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>VOLCANO TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brenda Shepard</b></p>				<p>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano telephone company, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brenda Shepard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>209-296-1447</b></p>					
Study Area Code of Reporting Carrier	<b>542343</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>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).</p>			
Name of Reporting Carrier <b>Pinnacles Telephone Co.</b>			
Signature of authorized officer 		Date	<b>5/24/2021</b>
Printed name of authorized officer <b>Steven Bryan</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(831) 389-4500</b>			
Study Area Code of Reporting Carrier	<b>542346</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
<p>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. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FILER MUTUAL TEL COMPANY-NV dba TRULEAP TECH</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bob Kraut</b></p>				<p>Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel company-nv dba truleap tech, Filer ID 83328-0089, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bob Kraut</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-326-4330</b></p>					
Study Area Code of Reporting Carrier	<b>552220</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <b>Rural Telephone Company - NV</b>				
Signature of authorized officer 			Date	<b>05/24/2021</b>
Printed name of authorized officer <b>Michael J. Martell</b>				
Title or position of authorized officer <b>Vice-President</b>				
Telephone number of authorized officer: <b>(208) 366-2614</b>				
Study Area Code of Reporting Carrier	<b>552233</b>		Filing Due Date for this form (mm/dd/yyyy)	June 16 2021

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BEEHIVE TELEPHONE COMPANY, INC., NV</b></p>					
<p>Signature of Authorized Officer or employee: <b>Larry Mason</b></p>				<p>Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone company, inc., nv,l=Lake Point UT 84074, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Larry Mason</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Senior Vice President Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>435-837-6000</b></p>					
Study Area Code of Reporting Carrier	<b>552284</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHURCHILL COUNTY TEL. DBA CC COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Feest</b></p>				<p><small>Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@cccomm.co,O=churchill county tel. dba cc communications,l=Fallon NV 89407, Date:5/19/2021</small></p> <p>Date: <b>5/19/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Mark Feest</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>775-423-7654</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>552349</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN COUNTY TELEPHONE SYSTEM INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">John Christian, III</span></p>				<p><small>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln county telephone system inc.,I=Pioche NV 89043, Date:5/19/2021</small></p>	
<p>Date: <span style="color: blue;">5/19/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Christian, III</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">775-962-5131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552351</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>RIO VIRGIN TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brooke Wheeler</b></p>				<p>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin telephone company,l=Estacada OR 97023, Date:5/19/2021</p>	
<p>Date: <b>5/19/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-630-8952</b></p>					
Study Area Code of Reporting Carrier	<b>552356</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HUMBOLDT TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Justin Perez</b></p>				<p>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt telephone company,I=Nampa ID 83653, Date:5/21/2021</p>	
<p>Date: <b>5/21/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Justin Perez</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-461-7802</b></p>					
Study Area Code of Reporting Carrier	<b>553304</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ADAK EAGLE ENTERPRISES, LLC dba ADAK TEL UTIL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Andilea Weaver</b></p>				<p><small>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak eagle enterprises, llc dba adak tel util, Date:5/27/2021</small></p> <p>Date: <b>5/27/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Andilea Weaver</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-222-0844</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>610989</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARCTIC SLOPE TEL. ASSOCIATION COOP.INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Clover McNeil</span></p>				<p><small>Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel. association coop.inc.,l= , Date:5/18/2021</small></p>	
<p>Date: <span style="color: blue;">5/18/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Clover McNeil</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-564-2680</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613001</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BETTLES TELEPHONE CO. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mary Jo Quandt</b></p>				<p><small>Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=bettles telephone co. inc.,l=Port Townsend WA 98368, Date:5/26/2021</small></p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mary Jo Quandt</b></p>					
<p>Title or position of Authorized Officer or employee: <b>V/P Chief Customer Operations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-385-1733</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613002</b></p>	<p><b></b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p><b></b></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier <b>BRISTOL BAY TELEPHONE COOP, INC</b>				
Signature of authorized officer <i>Courtney Hoiby</i>		Date <b>05/21/2021</b>		
Printed name of authorized officer <b>COURTNEY HOIBY</b>				
Title or position of authorized officer <b>BOARD PRESIDENT</b>				
Telephone number of authorized officer: <b>907 439-0456</b> Ext.				
Study Area Code of Reporting Carrier <b>613003</b>		Filing Due Date for this form (mm/dd/yyyy)	June 16 2021	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BUSH-TELL INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Roy Wrazen</b></p>				<p><small>Digitally signed by Roy Wrazen DN:cn=Roy Wrazen,email=roywrazen@bush-tell.com,O=bush-tell incorporated,l=Aniak AK 99557-0109, Date:5/27/2021</small></p> <p>Date: <b>5/27/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Roy Wrazen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-675-4311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613004</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CIRCLE TELEPHONE &amp; ELECTRIC, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shawn DeVore</b></p>				<p>Digitally signed by Shawn DeVore DN:cn=Shawn DeVore,email=shawn@circleutilities.com,O=circle telephone &amp; electric, llc,l=Circle AK 99733, Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shawn DeVore</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Member Owner</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-773-5500</b></p>					
Study Area Code of Reporting Carrier	<b>613005</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COPPER VALLEY TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Laura Kompkoff</b></p>				<p><small>Digitally signed by Laura Kompkoff DN:cn=Laura Kompkoff,email=lkompkoff@cvtc.org,O=copper valley tel. coop. inc.,l=Valdez AK 99686, Date:5/18/2021</small></p> <p>Date: <b>5/18/2021</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Laura Kompkoff</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-835-7712</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613006</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTERIOR TEL CO INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brett Carter</span></p>				<p><small>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc.,l= , Date:5/27/2021</small></p>	
<p>Date: <span style="color: blue;">5/27/2021</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brett Carter</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President &amp; GM of Alaska Market</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-563-2003</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613011</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2021</span>	
<p><b>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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MUKLUK TEL CO INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brett Carter</b></p>				<p>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc.,l= , Date:5/27/2021</p>	
<p>Date: <b>5/27/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brett Carter</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President &amp; GM of Alaska Market</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-563-2003</b></p>					
Study Area Code of Reporting Carrier	<b>613016</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALASKA TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mary Jo Quandt</span></p>				<p><small>Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=alaska telephone company,l=Port Townsend WA 98368, Date:5/26/2021</small></p> <p>Date: <span style="color: blue;">5/26/2021</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mary Jo Quandt</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">V/P Chief Customer Operations</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-385-1733</span></p>					
Study Area Code of Reporting Carrier	613017		Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
<p><b>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.</b></p>					

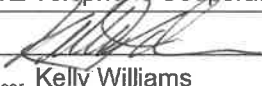
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NUSHAGAK ELECTRIC &amp; TELEPHONE COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Himschoot</b></p>				<p><small>Digitally signed by Robert Himschoot DN:cn=Robert Himschoot,email=rhimschoot@nushagak.coop,O=nushagak electric &amp; telephone coop., inc.,l=Dillingham AK 99576, Date:5/18/2021</small></p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Himschoot</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-842-5251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613018</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2021</b></p>	<p></p>
<p><b>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.</b></p>					

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Name of Reporting Carrier <b>OTZ Telephone Cooperative, Inc.</b>			
Signature of authorized officer 			Date <b>5/24/2021</b>
Printed name of authorized officer <b>Kelly Williams</b>			
Title or position of authorized officer <b>CEO</b>			
Telephone number of authorized officer: <b>(907) 442-1000</b> , ext.			
Study Area Code of Reporting Carrier	<b>613019</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

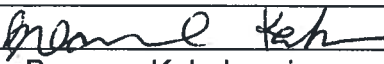
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTH COUNTRY TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mary Jo Quandt</b></p>				<p>Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=north country telephone company,l=Port Townsend WA 98368, Date:5/26/2021</p>	
<p>Date: <b>5/26/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mary Jo Quandt</b></p>					
<p>Title or position of Authorized Officer or employee: <b>V/P Chief Customer Operations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-385-1733</b></p>					
Study Area Code of Reporting Carrier	<b>613026</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SUMMIT TEL &amp; TEL CO OF ALASKA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Roger Shoffstall</b></p>				<p>Digitally signed by Roger Shoffstall DN:cn=Roger Shoffstall,email=rshoffstall@summittelephonenumbercompany.com,O=summit tel &amp; tel co of alaska,l=Fairbanks AK 99710, Date:5/18/2021</p>	
<p>Date: <b>5/18/2021</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Roger Shoffstall</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/President/Owner/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-389-1012</b></p>					
Study Area Code of Reporting Carrier	<b>613028</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2021</b>	
<p>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.</p>					

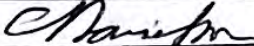
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>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).</p>			
Name of Reporting Carrier <b>Sandwich Isles Communications, Inc.</b>			
Signature of authorized officer 		Date	<b>5/25/21</b>
Printed name of authorized officer <b>Breanne Kahalewai</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(808) 524-8400</b>			
Study Area Code of Reporting Carrier	<b>623021</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16 2021</b>
<p>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.</p>			

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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

Name of Reporting Carrier				American Samoa Telecomm. Authority	
Signature of authorized officer				Date	05/28/21
Printed name of authorized officer		Chris Danielson			
Title or position of authorized officer		Acting CFO			
Telephone number of authorized officer:		(684) 733-9082			
Study Area Code of Reporting Carrier		673900	Filing Due Date for this form (mm/dd/yyyy)	06/16/2021	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Consolidated Communications Inc.	
Signature of authorized officer				Date	5/18/21
Printed name of authorized officer		Michael J Shultz			
Title or position of authorized officer		Sr VP Regulatory			
Telephone number of authorized officer:		(603) 656-1535			
Study Area Code of Reporting Carrier	see attache	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

## Consolidated Communications

### Operating Company Identifying Information

<b>Company</b>	<b>Study Area</b>
Berkshire Telephone Corporation	150073
Chautauqua & Erie Telephone Co.	150078
Taconic Telephone Corp.	150084
Consolidated Communications of Pennsylvania Company, LLC	
Consolidated Communications of Pennsylvania - Bentleyville	170145
Consolidated Communications of Pennsylvania - Marianna & Scenery Hill	170185
Consolidated Communications of Central Illinois Company	
Consolidated Communications of Central Illinois - C-R	341009
Consolidated Communications of Central Illinois - El Paso	341004
Consolidated Communications of Central Illinois - Odin	341065
Consolidated Communications of Colorado Company	
Consolidated Communications of Colorado - Big Sandy	462192
Consolidated Communications of Colorado - Columbine	462204
Consolidated Communications of Florida Company	
Consolidated Communications of Florida - Florala	210291
Consolidated Communications of Florida - Perry	210329
Consolidated Communications of Florida - St. Joe	210339
Consolidated Communications of Kansas Company	
Consolidated Communications of Kansas - Kansas	411835
Consolidated Communications of Kansas - Colorado	461835
Consolidated Communications of Maine Company	
Consolidated Communications of Maine - Community Services	100015
Consolidated Communications of Ohio Company, LLC.	
Consolidated Communications of Ohio - Columbus Grove	300604
Consolidated Communications of Ohio - Germantown	300618
Consolidated Communications of Ohio - Orwell	300649
Consolidated Communications of Oklahoma Company	
Consolidated Communications of Oklahoma - Chouteau	431981
Consolidated Communications of Missouri Company	
Consolidated Communications of Missouri - Missouri	421472

Consolidated Communications of Washington Company, LLC.  
Consolidated Communications of Washington - Ellensburg  
Consolidated Communications of Washington - Yelm

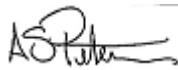
522412  
522453

**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 **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 5/25/2021

Printed name of Authorized Officer **Andrew Petersen**

Title or position of Authorized Officer **Sr. Vice-President – Corporate Affairs**

Telephone number or Authorized Officer.

(608)664-4155 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

6/16/2021

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.

361413 – Mid-State Telephone Company dba KMP

240535 – Norway Telephone Company, Inc.

250311 – Oakman Telephone Company, Inc.

320816 – S and W Telephone Company

300662 – The Vanlue Telephone Company

320837 - West Point Telephone Company