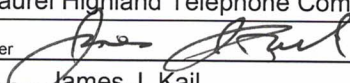


TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Laurel Highland Telephone Company	
Signature of Authorized Officer					
Date			6-2-2022		
Printed name of Authorized Officer					
James J. Kail					
Title or position of Authorized Officer					
President & CEO					
Telephone number of Authorized Officer: (724) 593-2411 ext.					
Study Area Code of Reporting Carrier		170179		Filing Due Date for this form (mm/dd/yyyy)	
				06/16/2022	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 Not Seeking Duplicative Recovery

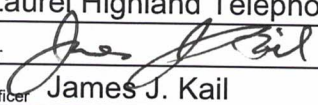
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier Laurel Highland Telephone Company			
Signature of authorized officer 		Date	6-2-2022
Printed name of authorized officer James J Kail			
Title or position of authorized officer President & CEO			
Telephone number of authorized officer: (724) 593-2411			
Study Area Code of Reporting Carrier	170179	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 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	Laurel Highland Telephone Company		
Signature of authorized officer		Date	6-2-2022
Printed name of authorized officer	James J. Kail		
Title or position of authorized officer	President & CEO		
Telephone number of authorized officer:	(724) 593-2411		
Study Area Code of Reporting Carrier	170179	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

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