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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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:	OXFORD WEST TEL CO
Signature of Authorized Officer or employee:	**Bruce Skellie** Digitally signed by Bruce Skellie DN:cn=Bruce Skellie,email=bskellie@firstlight.net,O=oxford west tel. co.,l=Albany NY 12207, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Bruce Skellie
Title or position of Authorized Officer or employee:	SVP of Finance
Telephone number of Authorized Officer or employee:	518-694-0550

Study Area Code of Reporting Carrier	100002		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LINCOLNVILLE NETWRKS
Signature of Authorized Officer or employee:	**Shirley Manning** Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@lintelco.net,O=lincolnville networks, inc.,l= , Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Shirley Manning
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	207-563-9941

Study Area Code of Reporting Carrier	100003		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	OXFORD COUNTY TEL
Signature of Authorized Officer or employee:	**Bruce Skellie** Digitally signed by Bruce Skellie DN:cn=Bruce Skellie,email=bskellie@firstlight.net,O=oxford west tel. co.,l=Albany NY 12207, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Bruce Skellie
Title or position of Authorized Officer or employee:	SVP of Finance
Telephone number of Authorized Officer or employee:	518-694-0550

Study Area Code of Reporting Carrier	100019		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Union River Telephone Company				
Signature of authorized officer	William S. Silsby Jr.			Date	May 25, 2022
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 16,2022	

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 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:	UNITEL, INC.
Signature of Authorized Officer or employee:	**Timothy May** Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Timothy May
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	208-548-2345

Study Area Code of Reporting Carrier	100029		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RICHMOND TEL CO	
Signature of Authorized Officer or employee:	**Dylan Proper** Digitally signed by Dylan Proper DN:cn=Dylan Proper,email=dylan@richmond-telephone.com,O=richmond telephone company llc,l= , Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Dylan Proper	
Title or position of Authorized Officer or employee:	Chief Financial Officer	
Telephone number of Authorized Officer or employee:	413-698-2255	

Study Area Code of Reporting Carrier	110737		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BRETTON WOODS TEL CO
Signature of Authorized Officer or employee:	**Karen Wante** Digitally signed by Karen Wante DN:cn=Karen Wante,email=kwante@bwtc.net,O=bretton woods tel. co.,l= , Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Karen Wante
Title or position of Authorized Officer or employee:	Vice President
Telephone number of Authorized Officer or employee:	603-278-9911

Study Area Code of Reporting Carrier	120038		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DUNBARTON TEL. CO.
Signature of Authorized Officer or employee:	**David Montgomery** Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel. co.,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	David Montgomery
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	603-774-9911

Study Area Code of Reporting Carrier	120043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	FRANKLIN TEL. CO.-VT		
Signature of Authorized Officer or employee:	**Kimberly Gates Maynard**	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:5/30/2022	Date: 5/30/2022
Printed name of Authorized Officer or employee:	Kimberly Gates Maynard		
Title or position of Authorized Officer or employee:	Treasurer		
Telephone number of Authorized Officer or employee:	802-285-9911		

Study Area Code of Reporting Carrier	140053		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	TOPSHAM TELEPHONE COMPANY, INC.				
Signature of authorized officer	Mark DePerrio		Date	05/19/2022	
Printed name of authorized officer	MARK DE PERRION				
Title or position of authorized officer	CONTROLLER				
Telephone number of authorized officer:	(315) 324 5911, ext.				
Study Area Code of Reporting Carrier	140068		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	WAITSFIELD/FAYSTON TEL. CO.	
Signature of Authorized Officer or employee:	**Roger Nishi** Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvt.com,O=waitsfield/fayston tel. co.,l=Waitsfield VT 05673, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Roger Nishi	
Title or position of Authorized Officer or employee:	Vice President - Industry Relations	
Telephone number of Authorized Officer or employee:	802-496-8336	

Study Area Code of Reporting Carrier	140069		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	VERMONT TELEPHONE COMPANY, INC.
Signature of Authorized Officer or employee:	**Dawn Tucker** Digitally signed by Dawn Tucker DN:cn=Dawn Tucker,email=DTUCKER@VERMONTEL.com,O=vermont telephone company, inc.,l= , Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	Dawn Tucker
Title or position of Authorized Officer or employee:	Director of Accounting
Telephone number of Authorized Officer or employee:	802-885-7783

Study Area Code of Reporting Carrier	147332		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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-NY
Signature of Authorized Officer or employee:	**Barbara Direnzo** Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Barbara Direnzo
Title or position of Authorized Officer or employee:	Director - Finance and Accounting
Telephone number of Authorized Officer or employee:	724-283-0925

Study Area Code of Reporting Carrier	150071		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CASSADAGA TEL CORP	
Signature of Authorized Officer or employee:	**Mark Maytum** Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dftel.com,O=dunkirk and fredonia tel. co.,l=Fredonia NY 14063-0209, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Mark Maytum	
Title or position of Authorized Officer or employee:	President, COO	
Telephone number of Authorized Officer or employee:	716-673-3016	

Study Area Code of Reporting Carrier	150076		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CHAMPLAIN TEL. CO.
Signature of Authorized Officer or employee:	**Mark Webster** Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel. co.,l=Champlain NY 12919, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Mark Webster
Title or position of Authorized Officer or employee:	Controller
Telephone number of Authorized Officer or employee:	518-298-2480

Study Area Code of Reporting Carrier	150077		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier	Citizens Telephone Company of Hammond, NY Inc.				
Signature of authorized officer	Mark DePerrior		Date	5/19/2022	
Printed name of authorized officer	MARK DE PERRIOR				
Title or position of authorized officer	CONTROLLER				
Telephone number of authorized officer:	(315) 364-5711 ext.				
Study Area Code of Reporting Carrier	150081		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	CROWN POINT TEL. CORP.
Signature of Authorized Officer or employee:	**Alexandra Towne** Digitally signed by Alexandra Towne DN:cn=Alexandra Towne,email=alexandra.towne@cptelco.net,O=crown point tel. corp.,l=Crown Point NY 12928, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Alexandra Towne
Title or position of Authorized Officer or employee:	Vice President - Operations
Telephone number of Authorized Officer or employee:	518-597-3300

Study Area Code of Reporting Carrier	150085		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DUNKIRK & FREDONIA
Signature of Authorized Officer or employee:	**Mark Maytum** Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dftel.com,O=dunkirk and fredonia tel. co.,l=Fredonia NY 14063-0209, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Mark Maytum
Title or position of Authorized Officer or employee:	President, COO
Telephone number of Authorized Officer or employee:	716-673-3016

Study Area Code of Reporting Carrier	150091		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier:	EMPIRE TELEPHONE CORP-NY	
Signature of Authorized Officer or employee:	**Tom Prestigiacomo** Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Tom Prestigiacomo	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	607-522-4237	

Study Area Code of Reporting Carrier	150093		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier:	THE FISHERS ISLAND TEL. CO.
Signature of Authorized Officer or employee:	**J. Finan** 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:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	J. Finan
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	631-788-7251

Study Area Code of Reporting Carrier	150095		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GERMANTOWN TEL. CO., INC.	
Signature of Authorized Officer or employee:	**Bruce Bohnsack** Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel. co., inc.,l=Germantown NY 12526, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Bruce Bohnsack	
Title or position of Authorized Officer or employee:	President and CEO	
Telephone number of Authorized Officer or employee:	518-537-4835	

Study Area Code of Reporting Carrier	150097		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HANCOCK TEL. CO.-NY	
Signature of Authorized Officer or employee:	**Robert Wrighter, Jr** Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel. co.-ny,l=Hancock NY 13783, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Robert Wrighter, Jr	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	607-637-9912	

Study Area Code of Reporting Carrier	150099		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MARGARETVILLE TEL. CO.,INC.
Signature of Authorized Officer or employee:	**Glen Faulkner** Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel. co.,inc.,l=Margaretville NY 12455, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Glen Faulkner
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	845-586-3311

Study Area Code of Reporting Carrier	150104		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MIDDLEBURGH TEL CO		
Signature of Authorized Officer or employee:	**James Becker** 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:5/23/2022	Date:	5/23/2022
Printed name of Authorized Officer or employee:	James Becker		
Title or position of Authorized Officer or employee:	President		
Telephone number of Authorized Officer or employee:	518-827-5211		
Study Area Code of Reporting Carrier	150105	Filing Due Date for this form (mm/dd/yyyy)	6/16/2022

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 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:	NEWPORT TEL CO
Signature of Authorized Officer or employee:	**Joseph Tomaino** 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:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Joseph Tomaino
Title or position of Authorized Officer or employee:	Executive Vice President
Telephone number of Authorized Officer or employee:	315-845-8112

Study Area Code of Reporting Carrier	150107		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NICHOLVILLE TELCO
Signature of Authorized Officer or employee:	**Jeffrey McGrath** Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slicfiber.com,O=nicholville telco llc,l=Nicholville NY 12965, Date:5/27/2022
Date:	5/27/2022
Printed name of Authorized Officer or employee:	Jeffrey McGrath
Title or position of Authorized Officer or employee:	VP/Regulatory Affairs
Telephone number of Authorized Officer or employee:	315-328-5333

Study Area Code of Reporting Carrier	150108		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 COUNTY RURAL TEL. CO.
Signature of Authorized Officer or employee:	**Heather Kirkland** 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:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Heather Kirkland
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	315-865-3239

Study Area Code of Reporting Carrier	150111		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ONTARIO TEL CO, INC.	
Signature of Authorized Officer or employee:	**James Cheney** Digitally signed by James Cheney DN:cn=James Cheney,email=JimC@ottctel.com,O=trumansburg telephone company, inc.,l= , Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	James Cheney	
Title or position of Authorized Officer or employee:	CFO/COO	
Telephone number of Authorized Officer or employee:	315-548-8017	

Study Area Code of Reporting Carrier	150112		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PATTERSONVILLE TEL. CO.-NY
Signature of Authorized Officer or employee:	**Nicole Rodriguez** Digitally signed by Nicole Rodriguez DN:cn=Nicole Rodriguez,email=nrodriguez@ptcconnect.net,O=pattersonville tel. co.-ny,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Nicole Rodriguez
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	518-887-2121

Study Area Code of Reporting Carrier	150116		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	STATE TEL. CO.
Signature of Authorized Officer or employee:	**Mark Evans** Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel. co.,l=Coxsackie NY 12051, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Mark Evans
Title or position of Authorized Officer or employee:	Vice President
Telephone number of Authorized Officer or employee:	518-731-6128

Study Area Code of Reporting Carrier	150125		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TRUMANSBURG TEL CO.	
Signature of Authorized Officer or employee:	**James Cheney** Digitally signed by James Cheney DN:cn=James Cheney,email=JimC@ottctel.com,O=trumansburg telephone company, inc.,l= , Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	James Cheney	
Title or position of Authorized Officer or employee:	CFO/COO	
Telephone number of Authorized Officer or employee:	315-548-8017	

Study Area Code of Reporting Carrier	150131		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Alteva of Warwick LLC				
Signature of authorized officer	DocuSigned by: Bob Hagan 8B82F92FACBC4BA		Date	May 30, 2022	
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 16,2022	

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 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	Alteva of Warwick LLC				
Signature of authorized officer	DocuSigned by: Bob Hagan 8B82F92FACBC4BA		Date	May 30, 2022	
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	160135		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	THE CITIZENS TELEPHONE COMPANY OF KECKSBURG		
Signature of Authorized Officer or employee:	**Arnold Cutrell** 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:5/24/2022	Date:	5/24/2022
Printed name of Authorized Officer or employee:	Arnold Cutrell		
Title or position of Authorized Officer or employee:	Treasurer		
Telephone number of Authorized Officer or employee:	724-424-4444		

Study Area Code of Reporting Carrier	170156		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HICKORY TEL. CO.
Signature of Authorized Officer or employee:	**Terri Jeffers** Digitally signed by Terri Jeffers DN:cn=Terri Jeffers,email=tlj@hky.com,O=hickory tel. co.,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Terri Jeffers
Title or position of Authorized Officer or employee:	Regulatory Director
Telephone number of Authorized Officer or employee:	724-356-2211

Study Area Code of Reporting Carrier	170171		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LACKAWAXEN TELECOM
Signature of Authorized Officer or employee:	**James Kail** Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc.,l= , Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	James Kail
Title or position of Authorized Officer or employee:	President and CEO
Telephone number of Authorized Officer or employee:	724-593-2411

Study Area Code of Reporting Carrier	170177		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 or employee:	**Barbara Direnzo** Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Barbara Direnzo
Title or position of Authorized Officer or employee:	Director - Finance and Accounting
Telephone number of Authorized Officer or employee:	724-283-0925

Study Area Code of Reporting Carrier	170189		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	THE NORTH-EASTERN PENNSYLVANIA TELEPHONE CO.	
Signature of Authorized Officer or employee:	**Steven Tourje** 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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Steven Tourje	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	570-785-2216	

Study Area Code of Reporting Carrier	170191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTH PENN TEL. CO.
Signature of Authorized Officer or employee:	**Tom Prestigiacomo** Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel. co.,l=Prattsburgh NY 14873, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Tom Prestigiacomo
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	607-522-4237

Study Area Code of Reporting Carrier	170192		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 NORTH
Signature of Authorized Officer or employee:	**Barbara Direnzo** Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Barbara Direnzo
Title or position of Authorized Officer or employee:	Director - Finance and Accounting
Telephone number of Authorized Officer or employee:	724-283-0925

Study Area Code of Reporting Carrier	170195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PALMERTON TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Timothy Hausman** Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton telephone company,l= , Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Timothy Hausman	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	610-826-9433	

Study Area Code of Reporting Carrier	170196		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Kimberly M Hannan			Date	05/23/2022
Printed name of authorized officer	Kimberly M. Hannan				
Title or position of authorized officer	VP/GM				
Telephone number of authorized officer:	570 745 7101 ext.				
Study Area Code of Reporting Carrier	170197		Filing Due Date for this form (mm/dd/yyyy)	June 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 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: PYMATUNING IND TEL		
Signature of Authorized Officer or employee: **Adam Dixon** Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022		Date: 5/26/2022
Printed name of Authorized Officer or employee: Adam Dixon		
Title or position of Authorized Officer or employee: Chief Operating Officer		
Telephone number of Authorized Officer or employee: 870-921-5757		
Study Area Code of Reporting Carrier	170200	Filing Due Date for this form (mm/dd/yyyy) 6/16/2022

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 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:	SOUTH CANAAN TEL CO
Signature of Authorized Officer or employee:	**James Kail** Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc.,l= , Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	James Kail
Title or position of Authorized Officer or employee:	President and CEO
Telephone number of Authorized Officer or employee:	724-593-2411

Study Area Code of Reporting Carrier	170205		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	VENUS TEL. CORP.
Signature of Authorized Officer or employee:	**Janice Kline** Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel. corp.,l= Venus PA 16364, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Janice Kline
Title or position of Authorized Officer or employee:	Sec/Treas.
Telephone number of Authorized Officer or employee:	814-354-6123

Study Area Code of Reporting Carrier	170210		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: YUKON - WALTZ TEL CO		
Signature of Authorized Officer or employee: **James Kail** Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc.,l= , Date:5/31/2022		Date: 5/31/2022
Printed name of Authorized Officer or employee: James Kail		
Title or position of Authorized Officer or employee: President and CEO		
Telephone number of Authorized Officer or employee: 724-593-2411		

Study Area Code of Reporting Carrier	170215		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 SIDE TEL CO-PA
Signature of Authorized Officer or employee:	**John Ludenia** Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-pa,l= , Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	John Ludenia
Title or position of Authorized Officer or employee:	V.P. Operations, General Manager
Telephone number of Authorized Officer or employee:	304-983-8642

Study Area Code of Reporting Carrier	170277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 OF MD
Signature of Authorized Officer or employee:	**Barbara Direnzo** Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Barbara Direnzo
Title or position of Authorized Officer or employee:	Director - Finance and Accounting
Telephone number of Authorized Officer or employee:	724-283-0925

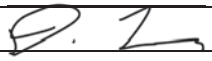
Study Area Code of Reporting Carrier	180216		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Empower Telecom Inc				
Signature of authorized officer			Date	5-19-22	
Printed name of authorized officer	Dwayne Long				
Title or position of authorized officer	Chief Operating Officer				
Telephone number of authorized officer:	(434) 738-6125	ext.			
Study Area Code of Reporting Carrier	190219		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	BURKE'S GARDEN TEL. CO., INC.
Signature of Authorized Officer or employee:	**Missy Lynch** Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel. co., inc.,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Missy Lynch
Title or position of Authorized Officer or employee:	Office Manager/Secretary
Telephone number of Authorized Officer or employee:	276-472-2345

Study Area Code of Reporting Carrier	190220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier:	CITIZENS TEL. COOP.-VA
Signature of Authorized Officer or employee:	**Greg Sapp** Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel. coop.-va,l=Floyd VA 24091-0137, Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Greg Sapp
Title or position of Authorized Officer or employee:	CEO & General Manager
Telephone number of Authorized Officer or employee:	540-745-2111

Study Area Code of Reporting Carrier	190225		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MGW TELEPHONE COMPANY, INC.	
Signature of Authorized Officer or employee:	**Sheri Smith** Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw telephone company, inc.,l= , Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Sheri Smith	
Title or position of Authorized Officer or employee:	Treasurer	
Telephone number of Authorized Officer or employee:	540-925-5235	

Study Area Code of Reporting Carrier	190238		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NEW HOPE TELEPHONE COOPERATIVE	
Signature of Authorized Officer or employee:	**Laurie Hensley** Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope telephone cooperative,l=New Hope VA 24469, Date:5/27/2022	Date: 5/27/2022
Printed name of Authorized Officer or employee:	Laurie Hensley	
Title or position of Authorized Officer or employee:	Secretary-Treasurer	
Telephone number of Authorized Officer or employee:	540-363-6277	

Study Area Code of Reporting Carrier	190239		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	May 23, 2022
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, 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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier:	PEOPLES MUTUAL TEL	
Signature of Authorized Officer or employee:	**Eric Cramer** Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Eric Cramer	
Title or position of Authorized Officer or employee:	CEO and General Manager	
Telephone number of Authorized Officer or employee:	336-973-6112	

Study Area Code of Reporting Carrier	190244		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SCOTT COUNTY TEL. COOP. INC.
Signature of Authorized Officer or employee:	**Roger Fraysier** 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:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Roger Fraysier
Title or position of Authorized Officer or employee:	Executive VP of Finance and Operations
Telephone number of Authorized Officer or employee:	276-452-7364

Study Area Code of Reporting Carrier	190248		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SHENANDOAH TEL. CO.	
Signature of Authorized Officer or employee:	**Matt Harbaugh** Digitally signed by Matt Harbaugh DN:cn=Matt Harbaugh,email=matthew.harbaugh@emp.shentel.com,O=shenandoah tel. co.,l= , Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Matt Harbaugh	
Title or position of Authorized Officer or employee:	Director of Accounting	
Telephone number of Authorized Officer or employee:	814-233-4309	

Study Area Code of Reporting Carrier	190250		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SHENANDOAH TELEPHONE COMPANY - NR	
Signature of Authorized Officer or employee:	**Matt Harbaugh** Digitally signed by Matt Harbaugh DN:cn=Matt Harbaugh,email=matthew.harbaugh@emp.shentel.com,O=shenandoah telephone company - nr,l= , Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Matt Harbaugh	
Title or position of Authorized Officer or employee:	Director of Accounting	
Telephone number of Authorized Officer or employee:	814-233-4309	

Study Area Code of Reporting Carrier	197251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 OF WV
Signature of Authorized Officer or employee:	**Barbara Direnzo** Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Barbara Direnzo
Title or position of Authorized Officer or employee:	Director - Finance and Accounting
Telephone number of Authorized Officer or employee:	724-283-0925

Study Area Code of Reporting Carrier	200256		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SPRUCE KNOB SENECA ROCKS TEL., INC.	
Signature of Authorized Officer or employee:	**Robert Butler** 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:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Robert Butler	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	304-567-2121	

Study Area Code of Reporting Carrier	200257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HARDY TELECOMMUNICATIONS, INC.
Signature of Authorized Officer or employee:	**Scott Sherman** Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecommunications, inc.,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Scott Sherman
Title or position of Authorized Officer or employee:	General Manager & CEO
Telephone number of Authorized Officer or employee:	304-897-9911

Study Area Code of Reporting Carrier	200259		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 or employee:	**Barbara Direnzo** Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Barbara Direnzo	
Title or position of Authorized Officer or employee:	Director - Finance and Accounting	
Telephone number of Authorized Officer or employee:	724-283-0925	

Study Area Code of Reporting Carrier	200267		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 SIDE TEL-WV
Signature of Authorized Officer or employee:	**John Ludenia** Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-pa,l= , Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	John Ludenia
Title or position of Authorized Officer or employee:	V.P. Operations, General Manager
Telephone number of Authorized Officer or employee:	304-983-8642

Study Area Code of Reporting Carrier	200277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTHEAST FLORIDA
Signature of Authorized Officer or employee:	**Adam Dixon** Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Adam Dixon
Title or position of Authorized Officer or employee:	Chief Operating Officer
Telephone number of Authorized Officer or employee:	870-921-5757

Study Area Code of Reporting Carrier	210335		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ALMA TEL. CO., INC.
Signature of Authorized Officer or employee:	**Laure Cohen** Digitally signed by Laure Cohen DN:cn=Laure Cohen,email=lcohen@atcnetworks.net,O=alma tel. co., inc.,l=Alma GA 31510, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Laure Cohen
Title or position of Authorized Officer or employee:	Controller
Telephone number of Authorized Officer or employee:	912-632-3117

Study Area Code of Reporting Carrier	220344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BRANTLEY TEL CO
Signature of Authorized Officer or employee:	**Donovan Strickland** Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 31553, Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Donovan Strickland
Title or position of Authorized Officer or employee:	Vice President/General Manager
Telephone number of Authorized Officer or employee:	912-462-5111

Study Area Code of Reporting Carrier	220347		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BULLOCH CNTY. RURAL TEL. COOP., INC.
Signature of Authorized Officer or employee:	**John Scott** Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch cnty. rural tel. coop., inc.,l= , Date:5/27/2022
Date:	5/27/2022
Printed name of Authorized Officer or employee:	John Scott
Title or position of Authorized Officer or employee:	General Manager/COO
Telephone number of Authorized Officer or employee:	912-865-1100

Study Area Code of Reporting Carrier	220348		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier:	CITIZENS TEL. CO., INC.-GA	
Signature of Authorized Officer or employee:	**Chad Ledger** Digitally signed by Chad Ledger DN:cn=Chad Ledger,email=scl@citizensdsl.com,O=citizens tel. co., inc.-ga,l=Leslie GA 31764, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Chad Ledger	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	229-874-4145	

Study Area Code of Reporting Carrier	220355		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Darien Telephone Co., Inc.				
Signature of authorized officer	Mary Lou Forsyth			Date	5-26-22
Printed name of authorized officer	Mary Lou Forsyth				
Title or position of authorized officer	President				
Telephone number of authorized officer:	(912) 437-6611	Ext.			
Study Area Code of Reporting Carrier	220358		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	GLENWOOD TEL. CO.	
Signature of Authorized Officer or employee:	**James O'Brien** Digitally signed by James O'Brien DN:cn=James O'Brien,email=glenwoodtelephone@gmail.com,O=glenwood tel. co.,l=Glenwood GA 30428-0235, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	James O'Brien	
Title or position of Authorized Officer or employee:	Chief Executive Officer	
Telephone number of Authorized Officer or employee:	912-523-5111	

Study Area Code of Reporting Carrier	220365		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HART TEL. CO.
Signature of Authorized Officer or employee:	**Randy Daniel** Digitally signed by Randy Daniel DN:cn=Randy Daniel,email=randy@hartcom.net,O=hart tel. co.,l=Hartwell GA 30643, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Randy Daniel
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	706-376-4701

Study Area Code of Reporting Carrier	220368		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL. CO., INC.
Signature of Authorized Officer or employee:	**Mary Anna Hite** Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelco.com,O=pembroke tel. co., inc.,l=Pembroke GA 31321, Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Mary Anna Hite
Title or position of Authorized Officer or employee:	Secretary-Treasurer/General Manager
Telephone number of Authorized Officer or employee:	912-653-4389

Study Area Code of Reporting Carrier	220376		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PLANTERS RURAL TEL. COOP., INC.
Signature of Authorized Officer or employee:	**John Lacienski** Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural tel. coop., inc.,l=Newington GA 30446, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	John Lacienski
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	912-857-4411

Study Area Code of Reporting Carrier	220378		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PLANT TEL. CO.
Signature of Authorized Officer or employee:	**Gordon Duff** Digitally signed by Gordon Duff DN:cn=Gordon Duff,email=gduff@planttel.net,O=plant tel. co.,l=Tifton GA 31793-0187, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Gordon Duff
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	229-528-4777

Study Area Code of Reporting Carrier	220379		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PROGRESSIVE RURAL TEL. COOP., INC.
Signature of Authorized Officer or employee:	**Ron Chambers** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Ron Chambers
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	478-984-4201

Study Area Code of Reporting Carrier	220380		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PUBLIC SERVICE TEL. CO.
Signature of Authorized Officer or employee:	**James Bond** Digitally signed by James Bond DN:cn=James Bond,email=jim.bond@pstel.com,O=public service tel. co.,l=Reynolds GA 31076, Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	James Bond
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	478-847-6520

Study Area Code of Reporting Carrier	220381		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL. CO.
Signature of Authorized Officer or employee:	**Steven Tatum** Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel. co.,l= , Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	Steven Tatum
Title or position of Authorized Officer or employee:	Vice President
Telephone number of Authorized Officer or employee:	706-657-4367

Study Area Code of Reporting Carrier	220389		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WAVERLY HALL TEL
Signature of Authorized Officer or employee:	**Deborah Rand** Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, l.l.c.,l= , Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Deborah Rand
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	603-472-9786

Study Area Code of Reporting Carrier	220392		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BARNARDSVILLE TEL CO
Signature of Authorized Officer or employee:	**Eric Cramer** Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Eric Cramer
Title or position of Authorized Officer or employee:	CEO and General Manager
Telephone number of Authorized Officer or employee:	336-973-6112

Study Area Code of Reporting Carrier	230469		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ELLERBE TEL CO
Signature of Authorized Officer or employee:	**Eric Cramer** Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Eric Cramer
Title or position of Authorized Officer or employee:	CEO and General Manager
Telephone number of Authorized Officer or employee:	336-973-6112

Study Area Code of Reporting Carrier	230478		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	North State Telephone, LLC				
Signature of authorized officer	Mary McDermott		Date	05/27/2022	
Printed name of authorized officer	Mary McDermott				
Title or position of authorized officer	General Counsel				
Telephone number of authorized officer:	(540) 649-1710				
Study Area Code of Reporting Carrier	230491		Filing Due Date for this form (mm/dd/yyyy)	June 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 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 d/b/a Pineville Telephone Company				
Signature of authorized officer			Date	5/24/2022	
Printed name of authorized officer	Tammy J Vachon				
Title or position of authorized officer	Telecommunications Director				
Telephone number of authorized officer:	(704) 889-2001 Ext.				
Study Area Code of Reporting Carrier	230494		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	RANDOLPH TEL. MEMB. CORP. DBA RANDOLPH COMM.
Signature of Authorized Officer or employee:	**Kimberly Garner** Digitally signed by Kimberly Garner DN:cn=Kimberly Garner,email=kgarner@rtmc.coop,O=randolph tel. memb. corp. dba randolph comm.,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Kimberly Garner
Title or position of Authorized Officer or employee:	CEO/General Manager
Telephone number of Authorized Officer or employee:	336-879-7911

Study Area Code of Reporting Carrier	230496		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: SURRY MEMBERSHIP		
Signature of Authorized Officer or employee: **Richard Parker**	Digitally signed by Richard Parker DN:cn=Richard Parker,email=parkerr@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee: Richard Parker		
Title or position of Authorized Officer or employee: Chief Executive Officer		
Telephone number of Authorized Officer or employee: 336-374-5021		

Study Area Code of Reporting Carrier	230497		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SALUDA MOUNTAIN TEL
Signature of Authorized Officer or employee:	**Eric Cramer** Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Eric Cramer
Title or position of Authorized Officer or employee:	CEO and General Manager
Telephone number of Authorized Officer or employee:	336-973-6112

Study Area Code of Reporting Carrier	230498		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SERVICE TEL CO
Signature of Authorized Officer or employee:	**Eric Cramer** Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Eric Cramer
Title or position of Authorized Officer or employee:	CEO and General Manager
Telephone number of Authorized Officer or employee:	336-973-6112

Study Area Code of Reporting Carrier	230500		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SURRY MEMBERSHIP	
Signature of Authorized Officer or employee:	**Richard Parker** Digitally signed by Richard Parker DN:cn=Richard Parker,email=parkerr@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Richard Parker	
Title or position of Authorized Officer or employee:	Chief Executive Officer	
Telephone number of Authorized Officer or employee:	336-374-5021	

Study Area Code of Reporting Carrier	230503		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RIVERSTREET-TCTMC
Signature of Authorized Officer or employee:	**Eric Cramer** Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Eric Cramer
Title or position of Authorized Officer or employee:	CEO and General Manager
Telephone number of Authorized Officer or employee:	336-973-6112

Study Area Code of Reporting Carrier	230505		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RIVERSTREET-WTMC
Signature of Authorized Officer or employee:	**Eric Cramer** Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Eric Cramer
Title or position of Authorized Officer or employee:	CEO and General Manager
Telephone number of Authorized Officer or employee:	336-973-6112

Study Area Code of Reporting Carrier	230510		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PALMETTO RURAL TEL. COOP., INC.	
Signature of Authorized Officer or employee:	**Dewaine Wilson** Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.us,O=palmetto rural tel. coop., inc.,l= , Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Dewaine Wilson	
Title or position of Authorized Officer or employee:	Controller	
Telephone number of Authorized Officer or employee:	843 538-9382	

Study Area Code of Reporting Carrier	240536		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SANDHILL TEL. COOP., INC.
Signature of Authorized Officer or employee:	**Lee Chambers** Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@mysandhill.net,O=sandhill tel. coop., inc.,l=Jefferson SC 29718, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Lee Chambers
Title or position of Authorized Officer or employee:	CEO/Manager
Telephone number of Authorized Officer or employee:	843-658-6379

Study Area Code of Reporting Carrier	240546		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Castleberry Telephone				
Signature of authorized officer	Homer Holland			Date	5/23/2022
Printed name of authorized officer	Homer Holland				
Title or position of authorized officer	Treasurer				
Telephone number of authorized officer:	(251) 966-2110 ext.				
Study Area Code of Reporting Carrier	250285		Filing Due Date for this form (mm/dd/yyyy)	June 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 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	23-May-2022	
Printed name of authorized officer	Paul Higdon				
Title or position of authorized officer	CFO				
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 16,2022	

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 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:	HAYNEVILLE TEL. CO., INC.	
Signature of Authorized Officer or employee:	**Evelyn Causey** Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@hftfiber.com,O=hayneville tel. co., inc.,l=Hayneville AL 36040, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Evelyn Causey	
Title or position of Authorized Officer or employee:	President/COO	
Telephone number of Authorized Officer or employee:	334-548-2101	

Study Area Code of Reporting Carrier	250299		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MON-CRE TEL. COOP. INC.
Signature of Authorized Officer or employee:	**Teresa Rich** 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:5/27/2022
Date:	5/27/2022
Printed name of Authorized Officer or employee:	Teresa Rich
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	334-562-3242

Study Area Code of Reporting Carrier	250305		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MOUNDVILLE TEL. CO.	
Signature of Authorized Officer or employee:	**R. Taylor** Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel. co.,l=Moundville AL 35474, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	R. Taylor	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	205-371-9011	

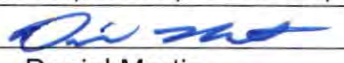
Study Area Code of Reporting Carrier	250307		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	New Hope Telephone Cooperative, Inc.				
Signature of authorized officer			Date	05/24/2022	
Printed name of authorized officer	Daniel Martin				
Title or position of authorized officer	General Manager				
Telephone number of authorized officer:	(256) 723-4211 Ext.				
Study Area Code of Reporting Carrier	250308		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	PINE BELT TEL. CO.
Signature of Authorized Officer or employee:	**John Nettles** Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel. co.,l=Arlington AL 36722, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	John Nettles
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	334-385-2106

Study Area Code of Reporting Carrier	250315		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RAGLAND TEL. CO.
Signature of Authorized Officer or employee:	**Matthew Jackson** Digitally signed by Matthew Jackson DN:cn=Matthew Jackson,email=mattjackson@ragland.net,O=ragland tel. co.,l=Ragland AL 35131, Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Matthew Jackson
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	205-472-2141

Study Area Code of Reporting Carrier	250316		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BALLARD RURAL TEL. COOP. CORP., INC.	
Signature of Authorized Officer or employee:	**Randy Grogan** 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:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Randy Grogan	
Title or position of Authorized Officer or employee:	CEO/General Manager	
Telephone number of Authorized Officer or employee:	270-665-5186	

Study Area Code of Reporting Carrier	260396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	*Allison Willoughby*		Date	05/23/2022	
Printed name of authorized officer	Allison Willoughby				
Title or position of authorized officer	General Manager/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, 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 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:	DUO COUNTY TEL. COOP., INC.		
Signature of Authorized Officer or employee:	**Daryl Hammond** Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duobroadband.com,O=duo county tel. coop., inc.,l=Jamestown KY 42629, Date:5/17/2022	Date:	5/17/2022
Printed name of Authorized Officer or employee:	Daryl Hammond		
Title or position of Authorized Officer or employee:	Chief Financial Officer		
Telephone number of Authorized Officer or employee:	700-343-1111		

Study Area Code of Reporting Carrier	260401		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LOGAN TEL. COOP., INC.	
Signature of Authorized Officer or employee:	**Gregory Hale** Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@ltcconnect.com,O=logan tel. coop., inc.,l=Auburn KY 42206, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Gregory Hale	
Title or position of Authorized Officer or employee:	General Manager/Executive V.P.	
Telephone number of Authorized Officer or employee:	270-542-4121	

Study Area Code of Reporting Carrier	260413		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MOUNTAIN RURAL TEL. COOP. CORP., INC.	
Signature of Authorized Officer or employee:	**Shayne Ison** 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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Shayne Ison	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	606-743-3121	

Study Area Code of Reporting Carrier	260414		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier	Peoples Rural Telephone Cooperative				
Signature of authorized officer	Keith Gabbard		Date	05/23/2022	
Printed name of authorized officer	Keith Gabbard				
Title or position of authorized officer	CEO				
Telephone number of authorized officer:	(606) 287-7101	ext.			
Study Area Code of Reporting Carrier	260415		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	THACKER/GRIGSBY TEL. CO., INC.
Signature of Authorized Officer or employee:	**William Grigsby** 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:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	William Grigsby
Title or position of Authorized Officer or employee:	President/General Manager
Telephone number of Authorized Officer or employee:	606-785-9500

Study Area Code of Reporting Carrier	260419		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 KENTUCKY RURAL
Signature of Authorized Officer or employee:	**Tiffany Myers** Digitally signed by Tiffany Myers DN:cn=Tiffany Myers,email=tmyers@mywkt.coop,O=west ky. rural tel. coop. corp., inc.,l= , Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Tiffany Myers
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	270-804-4110

Study Area Code of Reporting Carrier	260421		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CAMPTI-PLEASANT HILL	
Signature of Authorized Officer or employee:	**Tom Edens** Digitally signed by Tom Edens DN:cn=Tom Edens,email=tedens@epictouch.com,O=campti-pleasant hill tel. co.,l=Natchitoches LA 71458, Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Tom Edens	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	318-352-0014	

Study Area Code of Reporting Carrier	270426		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DELCAMBRE TEL. CO.	
Signature of Authorized Officer or employee:	**Marcy Landry** Digitally signed by Marcy Landry DN:cn=Marcy Landry,email=mlandry@delcambre.net,O=delcambre tel. co.,l= , Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Marcy Landry	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	337-685-2311	

Study Area Code of Reporting Carrier	270428		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	KAPLAN TEL. CO.
Signature of Authorized Officer or employee:	**Richard Constantin** Digitally signed by Richard Constantin DN:cn=Richard Constantin,email=rconstantin@kaptel.net,O=kaplan tel. co.,l=Kaplan LA 70548-0369, Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	Richard Constantin
Title or position of Authorized Officer or employee:	Regulatory Manager
Telephone number of Authorized Officer or employee:	337-643-4242

Study Area Code of Reporting Carrier	270432		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTHEAST LOUISIANA TEL. CO., INC.
Signature of Authorized Officer or employee:	**Mike George** 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:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Mike George
Title or position of Authorized Officer or employee:	President / General Manager
Telephone number of Authorized Officer or employee:	318-874-7011

Study Area Code of Reporting Carrier	270435		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Reserve Telephone Company LLC				
Signature of authorized officer	Peter Louviere		Date	05/31/2022	
Printed name of authorized officer	Peter Louviere				
Title or position of authorized officer	CFO				
Telephone number of authorized officer:	(985) 693-0265	ext.			
Study Area Code of Reporting Carrier	270438		Filing Due Date for this form (mm/dd/yyyy)	June 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 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 TEL CO	
Signature of Authorized Officer or employee:	**Jeremy Smith** Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=star tel. co., inc.,l=Rockland ID 83271, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Jeremy Smith	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	208-548-2345	

Study Area Code of Reporting Carrier	270441		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DECATUR TEL. CO., INC.-MS	
Signature of Authorized Officer or employee:	**Esther Smith, PhD** 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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Esther Smith, PhD	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	601-635-2251	

Study Area Code of Reporting Carrier	280451		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	FRANKLIN TEL CO - MS
Signature of Authorized Officer or employee:	**Tammy Torrey** Digitally signed by Tammy Torrey DN:cn=Tammy Torrey,email=ttorrey@telapexinc.com,O=franklin tel. co., inc.-ms,l=Meadville MS 39653-0219, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Tammy Torrey
Title or position of Authorized Officer or employee:	Vice President of Operations
Telephone number of Authorized Officer or employee:	601-384-3350

Study Area Code of Reporting Carrier	280454		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GEORGETOWN TEL CO	
Signature of Authorized Officer or employee:	**Joie Miller** Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlcoadmin.com,O=georgetown tele. co., inc.,l=Georgetown MS 39078, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Joie Miller	
Title or position of Authorized Officer or employee:	Vice President	
Telephone number of Authorized Officer or employee:	601-858-2211	

Study Area Code of Reporting Carrier	280456		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Charlotte Pearce			Date	05/23/2022
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, 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 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:	SLEDGE TEL CO
Signature of Authorized Officer or employee:	**Robert Sledge Jr.** 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:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Robert Sledge Jr.
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	662-569-3311

Study Area Code of Reporting Carrier	280466		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ARDMORE TEL CO
Signature of Authorized Officer or employee:	**Tiffany Myers** Digitally signed by Tiffany Myers DN:cn=Tiffany Myers,email=tmyers@mywkt.coop,O=west ky. rural tel. coop. corp., inc.,l= , Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Tiffany Myers
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	270-804-4110

Study Area Code of Reporting Carrier	290280		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL. COOP., INC.
Signature of Authorized Officer or employee:	**Jared Sain** Digitally signed by Jared Sain DN:cn=Jared Sain,email=jaredsain@benlomand.org,O=ben lomand rural tel. coop., inc.,l= , Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Jared Sain
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	931-668-4131

Study Area Code of Reporting Carrier	290553		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	John Lee Downey			Date	
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)	June16 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 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:	DEKALB TEL. COOP, INC.	
Signature of Authorized Officer or employee:	**Joe Mitchell** Digitally signed by Joe Mitchell DN:cn=Joe Mitchell,email=jmitchell@staff-dtc.com,O=dekalb tel. coop, inc.,l=Alexandria TN 37012, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Joe Mitchell	
Title or position of Authorized Officer or employee:	Controller	
Telephone number of Authorized Officer or employee:	615-464-2254	

Study Area Code of Reporting Carrier	290562		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	G M Patterson		Date	5/19/2022	
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 Ext:				
Study Area Code of Reporting Carrier	290565		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	LORETTO TEL. CO., INC.	
Signature of Authorized Officer or employee:	**Jason Shelton** Digitally signed by Jason Shelton DN:cn=Jason Shelton,email=jason.shelton@lorettotel.com,O=loretto tel. co., inc.,l=Loretto TN 38469, Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Jason Shelton	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	931-853-3333	

Study Area Code of Reporting Carrier	290570		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTH CENTRAL TEL. COOP., INC.
Signature of Authorized Officer or employee:	**Johnny McClanahan** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Johnny McClanahan
Title or position of Authorized Officer or employee:	President and CEO
Telephone number of Authorized Officer or employee:	615-666-2151

Study Area Code of Reporting Carrier	290573		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 KY COOP-TN	
Signature of Authorized Officer or employee:	**Tiffany Myers** Digitally signed by Tiffany Myers DN:cn=Tiffany Myers,email=tmyers@mywkt.coop,O=west ky. rural tel. coop. corp., inc.,l= , Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Tiffany Myers	
Title or position of Authorized Officer or employee:	Chief Financial Officer	
Telephone number of Authorized Officer or employee:	270-804-4110	

Study Area Code of Reporting Carrier	290598		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	THE ARTHUR MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**Eric Roughton** Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual tel. co.,l= , Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Eric Roughton
Title or position of Authorized Officer or employee:	General Manager/Sec'y/Treasurer
Telephone number of Authorized Officer or employee:	419-393-2233

Study Area Code of Reporting Carrier	300586		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	AYERSVILLE TEL. CO.	
Signature of Authorized Officer or employee:	**Phil Maag** Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel. co.,l= , Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Phil Maag	
Title or position of Authorized Officer or employee:	Sec./Treas. & General Manager	
Telephone number of Authorized Officer or employee:	419-395-2222	

Study Area Code of Reporting Carrier	300588		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BASCOM MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**Laura Wise** Digitally signed by Laura Wise DN:cn=Laura Wise,email=law@bascomtelephone.com,O=bascom mutual tel. co.,l=Bascom OH 44809-0316, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Laura Wise
Title or position of Authorized Officer or employee:	Board Assistant Treasurer
Telephone number of Authorized Officer or employee:	419-937-2222

Study Area Code of Reporting Carrier	300589		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BENTON RIDGE TEL. CO.
Signature of Authorized Officer or employee:	**Mark Miller** Digitally signed by Mark Miller DN:cn=Mark Miller,email=mmiller@corp.watchcomm.net,O=benton ridge tel. co.,l= , Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Mark Miller
Title or position of Authorized Officer or employee:	General Manager/VP
Telephone number of Authorized Officer or employee:	419-859-2144

Study Area Code of Reporting Carrier	300590		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 or employee:	**Douglas Place** Digitally signed by Douglas Place DN:cn=Douglas Place,email=doug@ohiolink.net,O=buckland telephone company,l= , Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Douglas Place
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	419-657-2222

Study Area Code of Reporting Carrier	300591		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	THE CHAMPAIGN TEL. CO.
Signature of Authorized Officer or employee:	**Tiffany Ebersold** Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel. co.,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Tiffany Ebersold
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	937-653-2263

Study Area Code of Reporting Carrier	300594		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MCCLURE TEL. CO.
Signature of Authorized Officer or employee:	**Lance Miller** Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel. co.,l=McClure OH 43534-0026, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Lance Miller
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	419-748-8032

Study Area Code of Reporting Carrier	300598		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HANSON COMM OH-COL	
Signature of Authorized Officer or employee:	**Bruce Hanson** Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm. of ohio, llc.-orwell,l= , Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Bruce Hanson	
Title or position of Authorized Officer or employee:	Treasurer	
Telephone number of Authorized Officer or employee:	320-847-2211	

Study Area Code of Reporting Carrier	300604		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CONNEAUT TEL. CO.
Signature of Authorized Officer or employee:	**Deanna Brown** Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@greatwavecom.com,O=conneaut tel. co.,l=Conneaut OH 44030, Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	Deanna Brown
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	440-593-7138

Study Area Code of Reporting Carrier	300606		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DOYLESTOWN TEL. CO.
Signature of Authorized Officer or employee:	**Brian Brockman** Digitally signed by Brian Brockman DN:cn=Brian Brockman,email=bbrockman@doylestowntelephone.com,O =doylestown tel. co.,l= , Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Brian Brockman
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	330-658-2121

Study Area Code of Reporting Carrier	300609		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	THE FARMERS MUTUAL TEL. CO.-OKOLONA, OH
Signature of Authorized Officer or employee:	**Cheryl Bostelman** Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=the farmers mutual tel. co.-okolona, oh,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Cheryl Bostelman
Title or position of Authorized Officer or employee:	Secretary/General Manager
Telephone number of Authorized Officer or employee:	419-758-3303

Study Area Code of Reporting Carrier	300612		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	FORT JENNINGS TEL. CO.
Signature of Authorized Officer or employee:	**Michael Metzger** 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:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Michael Metzger
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	419-286-2181

Study Area Code of Reporting Carrier	300614		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HANSON COMM OH-GER	
Signature of Authorized Officer or employee:	**Bruce Hanson** Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm. of ohio, llc.-orwell,l= , Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Bruce Hanson	
Title or position of Authorized Officer or employee:	Treasurer	
Telephone number of Authorized Officer or employee:	320-847-2211	

Study Area Code of Reporting Carrier	300618		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GLANDORF TEL. CO., INC.	
Signature of Authorized Officer or employee:	**David Hunt** Digitally signed by David Hunt DN:cn=David Hunt,email=huntd@bright.net,O=glandorf tel. co., inc.,l=Glandorf OH 45848, Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	David Hunt	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	419-538-6987	

Study Area Code of Reporting Carrier	300619		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	KALIDA TEL. CO., INC.	
Signature of Authorized Officer or employee:	**Chris Phillips** Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel. co., inc.,l=Kalida OH 45853, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Chris Phillips	
Title or position of Authorized Officer or employee:	Manager	
Telephone number of Authorized Officer or employee:	419-532-3218	

Study Area Code of Reporting Carrier	300625		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MIDDLE POINT HOME
Signature of Authorized Officer or employee:	**Bruce Hanson** Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l= , Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Bruce Hanson
Title or position of Authorized Officer or employee:	Treasurer
Telephone number of Authorized Officer or employee:	320-847-2211

Study Area Code of Reporting Carrier	300633		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MINFORD TEL. CO., INC.
Signature of Authorized Officer or employee:	**Paula McGraw** Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel. co., inc.,l=Minford OH 45653, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Paula McGraw
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	740-820-2151

Study Area Code of Reporting Carrier	300634		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	THE NEW KNOXVILLE TEL. CO.
Signature of Authorized Officer or employee:	**Preston Meyer** 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:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Preston Meyer
Title or position of Authorized Officer or employee:	Sales Manager/Chief Operating Officer
Telephone number of Authorized Officer or employee:	419-753-2457

Study Area Code of Reporting Carrier	300639		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: THE NOVA TEL CO		
Signature of Authorized Officer or employee: **Charles Mattingly**	Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=the nova tel. co.,l=Judson TX 75660, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee: Charles Mattingly		
Title or position of Authorized Officer or employee: President		
Telephone number of Authorized Officer or employee: 903-663-0099		

Study Area Code of Reporting Carrier	300644		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HANSON COMM OH-ORW	
Signature of Authorized Officer or employee:	**Bruce Hanson** Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm. of ohio, llc.-orwell,l= , Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Bruce Hanson	
Title or position of Authorized Officer or employee:	Treasurer	
Telephone number of Authorized Officer or employee:	320-847-2211	

Study Area Code of Reporting Carrier	300649		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	THE OTTOVILLE MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**William Honigford** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	William Honigford
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	419-453-3324

Study Area Code of Reporting Carrier	300650		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PATTERSONVILLE TEL. CO.-OH
Signature of Authorized Officer or employee:	**Aaron Jones** Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel. co.-oh,l=Carrollton OH 44615, Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	Aaron Jones
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	330-895-4391

Study Area Code of Reporting Carrier	300651		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RIDGEVILLE TEL. CO.	
Signature of Authorized Officer or employee:	**Dave Gobrogge** Digitally signed by Dave Gobrogge DN:cn=Dave Gobrogge,email=dgobrogge@bright.net,O=ridgeville tel. co.,l=Ridgeville Corners OH 43555, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Dave Gobrogge	
Title or position of Authorized Officer or employee:	General Manager/Certification Officer	
Telephone number of Authorized Officer or employee:	419-267-5185	

Study Area Code of Reporting Carrier	300654		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SHERWOOD MUTUAL TEL. ASSOC.
Signature of Authorized Officer or employee:	**Richard Rostorfer** Digitally signed by Richard Rostorfer DN:cn=Richard Rostorfer,email=rickrostorfer@smta.cc,O=sherwood mutual tel. assoc.,l=Sherwood OH 43556, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Richard Rostorfer
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	419-899-2121

Study Area Code of Reporting Carrier	300656		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SYCAMORE TEL. CO.
Signature of Authorized Officer or employee:	**Richard Ekleberry II** Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@syctelco.com,O=sycamore tel. co.,l= , Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	Richard Ekleberry II
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	419-927-6012

Study Area Code of Reporting Carrier	300658		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TELEPHONE SERVICE	
Signature of Authorized Officer or employee:	**Bruce Hanson** Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l= , Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Bruce Hanson	
Title or position of Authorized Officer or employee:	Treasurer	
Telephone number of Authorized Officer or employee:	320-847-2211	

Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	VAUGHNSVILLE TEL. CO., INC.
Signature of Authorized Officer or employee:	**Martha Kaplan** Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel. co., inc.,l=Vaughnsville OH 45893-0127, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Martha Kaplan
Title or position of Authorized Officer or employee:	Manager/Secretary/Treasurer
Telephone number of Authorized Officer or employee:	419-646-3431

Study Area Code of Reporting Carrier	300663		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WABASH MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**Mike Boley** Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel. co.,l= , Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Mike Boley
Title or position of Authorized Officer or employee:	President/CEO
Telephone number of Authorized Officer or employee:	419-942-1111

Study Area Code of Reporting Carrier	300664		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ALLBAND COMMUNICATIONS COOPERATIVE	
Signature of Authorized Officer or employee:	**Ron Siegel** Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=rsiegel@allbandcomm.com,O=allband communications cooperative,l= , Date:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	Ron Siegel	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	989-369-9870	

Study Area Code of Reporting Carrier	310542		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BARAGA TELEPHONE COMPANY
Signature of Authorized Officer or employee:	**Paul Stark** Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga telephone company,l=Baraga MI 49908, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Paul Stark
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	906-353-6644

Study Area Code of Reporting Carrier	310675		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BARRY COUNTY TEL. CO.	
Signature of Authorized Officer or employee:	**Cindy Hewitt** Digitally signed by Cindy Hewitt DN:cn=Cindy Hewitt,email=chewitt@mei.net,O=barry county tel. co.,l= , Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Cindy Hewitt	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	269-623-9999	

Study Area Code of Reporting Carrier	310676		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BLANCHARD TEL. CO.
Signature of Authorized Officer or employee:	**Ronald Ray** Digitally signed by Ronald Ray DN:cn=Ronald Ray,email=rray@blanchardtel.com,O=blanchard telephone co.,l=Blanchard MI 49310, Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Ronald Ray
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	989-561-9932

Study Area Code of Reporting Carrier	310678		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BLOOMINGDALE TEL. CO.
Signature of Authorized Officer or employee:	**Steve Shults** Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel. co.,l=Bloomingdale MI 49026, Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Steve Shults
Title or position of Authorized Officer or employee:	CEO/General Manager
Telephone number of Authorized Officer or employee:	269-521-7313

Study Area Code of Reporting Carrier	310679		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CARR TEL. CO.
Signature of Authorized Officer or employee:	**Terri Bogner** Digitally signed by Terri Bogner DN:cn=Terri Bogner,email=teri@carrinter.net,O=carr tel. co.,l= , Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Terri Bogner
Title or position of Authorized Officer or employee:	Secretary
Telephone number of Authorized Officer or employee:	231-898-2244

Study Area Code of Reporting Carrier	310683		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CLIMAX TEL CO
Signature of Authorized Officer or employee:	**Ed Corr** Digitally signed by Ed Corr DN:cn=Ed Corr,email=ed.corr@metronet.com,O=climax tel. co.,l= , Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	Ed Corr
Title or position of Authorized Officer or employee:	Vice President of Tax
Telephone number of Authorized Officer or employee:	913-794-3121

Study Area Code of Reporting Carrier	310688		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DEERFIELD FARMERS TEL. CO.	
Signature of Authorized Officer or employee:	**Robert Parisien** Digitally signed by Robert Parisien DN:cn=Robert Parisien,email=robert.parisien@d-pcomm.com,O=deerfield farmers tel. co.,l= , Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Robert Parisien	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	734-279-5514	

Study Area Code of Reporting Carrier	310691		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 dba/Chapin Telephone Company				
Signature of authorized officer				Date	5-19-2022
Printed name of authorized officer	Greg Ringle				
Title or position of authorized officer	Certifying Officer				
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, 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 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	05/20/2022
Printed name of authorized officer	JON CRIBBS				
Title or position of authorized officer	PRESIDENT				
Telephone number of authorized officer:	(231) 362-3111	Ext.			
Study Area Code of Reporting Carrier	31073		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	ACE TEL OF MICHIGAN
Signature of Authorized Officer or employee:	**Michael Osborne** Digitally signed by Michael Osborne DN:cn=Michael Osborne,email=mosborne@acentek.net,O=ace tel. assn.-mn,l=Houston MN 55943, Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Michael Osborne
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	616-892-0123

Study Area Code of Reporting Carrier	310704		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Lennon Telephone Company		
Signature of authorized officer	Randy Fletcher	Date	5/19/2022
Printed name of authorized officer	Randy Fletcher		
Title or position of authorized officer	CFO / General Manager		
Telephone number of authorized officer:	(810) 621-3301 ; ext.		
Study Area Code of Reporting Carrier	310708	Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	MIDWAY TEL CO
Signature of Authorized Officer or employee:	**Camie Nebel-Conklin** Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/27/2022
Date:	5/27/2022
Printed name of Authorized Officer or employee:	Camie Nebel-Conklin
Title or position of Authorized Officer or employee:	Vice President/Chief Financial Officer
Telephone number of Authorized Officer or employee:	906-387-9911

Study Area Code of Reporting Carrier	310711		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HIAWATHA TEL CO
Signature of Authorized Officer or employee:	**Camie Nebel-Conklin** Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/27/2022
Date:	5/27/2022
Printed name of Authorized Officer or employee:	Camie Nebel-Conklin
Title or position of Authorized Officer or employee:	Vice President/Chief Financial Officer
Telephone number of Authorized Officer or employee:	906-387-9911

Study Area Code of Reporting Carrier	310713		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	OGDEN TEL. CO.
Signature of Authorized Officer or employee:	**Kristen Fisher** Digitally signed by Kristen Fisher DN:cn=Kristen Fisher,email=fisher@ogdentel.com,O=ogden tel. co.,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Kristen Fisher
Title or position of Authorized Officer or employee:	Secretary-Treasurer
Telephone number of Authorized Officer or employee:	517-443-5595

Study Area Code of Reporting Carrier	310714		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ONTONAGON COUNTY TEL
Signature of Authorized Officer or employee:	**Camie Nebel-Conklin** Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/27/2022
Date:	5/27/2022
Printed name of Authorized Officer or employee:	Camie Nebel-Conklin
Title or position of Authorized Officer or employee:	Vice President/Chief Financial Officer
Telephone number of Authorized Officer or employee:	906-387-9911

Study Area Code of Reporting Carrier	310717		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PIGEON TEL. CO.
Signature of Authorized Officer or employee:	**Neal Eichler** Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel. co.,l=Pigeon MI 48755, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Neal Eichler
Title or position of Authorized Officer or employee:	Vice President
Telephone number of Authorized Officer or employee:	989-453-4391

Study Area Code of Reporting Carrier	310721		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SAND CREEK TEL. CO.	
Signature of Authorized Officer or employee:	**Harvey Souders** 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:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	Harvey Souders	
Title or position of Authorized Officer or employee:	Vice President/General Manager	
Telephone number of Authorized Officer or employee:	517-436-3130	

Study Area Code of Reporting Carrier	310725		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SPRINGPORT TEL. CO.
Signature of Authorized Officer or employee:	**Mark Cutler** Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel. co.,l=Springport MI 49284-0208, Date:5/27/2022
Date:	5/27/2022
Printed name of Authorized Officer or employee:	Mark Cutler
Title or position of Authorized Officer or employee:	Accountant
Telephone number of Authorized Officer or employee:	517-857-3100

Study Area Code of Reporting Carrier	310728		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	UPPER PENINSULA TEL
Signature of Authorized Officer or employee:	**Becky Schetter** 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:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Becky Schetter
Title or position of Authorized Officer or employee:	Secretary
Telephone number of Authorized Officer or employee:	906-639-2111

Study Area Code of Reporting Carrier	310732		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WALDRON TEL CO
Signature of Authorized Officer or employee:	**Lucinda Bernath** Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel. co.,l=Waldron MI 49288-0197, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Lucinda Bernath
Title or position of Authorized Officer or employee:	Vice President
Telephone number of Authorized Officer or employee:	517-286-6211

Study Area Code of Reporting Carrier	310734		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Westphalia Telephone Company				
Signature of authorized officer	Greg Ringle			Date	5-23-22
Printed name of authorized officer	Greg Ringle				
Title or position of authorized officer	Certifying Officer				
Telephone number of authorized officer:	(989) 587-5008	ext.			
Study Area Code of Reporting Carrier	310735		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	WINN TEL. CO.
Signature of Authorized Officer or employee:	**Mark Graf** Digitally signed by Mark Graf DN:cn=Mark Graf,email=mgraf@winntel.com,O=winn tel. co.,l=Winn MI 48896, Date:5/23/2022
Date:	5/23/2022
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)	6/16/2022	

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 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: MCBC		
Signature of Authorized Officer or employee: **Becky Schetter**	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:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee: Becky Schetter		
Title or position of Authorized Officer or employee: Secretary		
Telephone number of Authorized Officer or employee: 906-639-2111		

Study Area Code of Reporting Carrier	310785		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BLOOMINGDALE HOME TELEPHONE COMPANY, INC.	
Signature of Authorized Officer or employee:	**Ronja Branson** Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingdaletel.com,O=bloomingdale home telephone company, inc.,l=Bloomingdale IN 47832, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Ronja Branson	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	765-498-2000	

Study Area Code of Reporting Carrier	320742		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier:	CITIZENS TEL. CORP.-WARREN	
Signature of Authorized Officer or employee:	**Cammy Ackley** Digitally signed by Cammy Ackley DN:cn=Cammy Ackley,email=cammy@citznet.com,O=citizens tel. corp.-warren,l=Warren IN 46792, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Cammy Ackley	
Title or position of Authorized Officer or employee:	Office Manager	
Telephone number of Authorized Officer or employee:	260-375-2111	

Study Area Code of Reporting Carrier	320751		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CLAY CTY. RURAL TEL COOP INC D/B/A ENDEAVOR	
Signature of Authorized Officer or employee:	**Darin LaCoursiere** Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email=darinl@weEndeavor.com,O=clay cty. rural tel coop inc d/b/a endeavor,l=Cloverdale IN 46120-0237, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Darin LaCoursiere	
Title or position of Authorized Officer or employee:	President and CEO	
Telephone number of Authorized Officer or employee:	765-795-4261	

Study Area Code of Reporting Carrier	320753		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CRAIGVILLE TEL. CO., INC.	
Signature of Authorized Officer or employee:	**Lee Von Gunten** 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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Lee Von Gunten	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	260-565-3131	

Study Area Code of Reporting Carrier	320756		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DAVIESS-MARTIN CTY. RURAL TEL. DBA RTC COMM.
Signature of Authorized Officer or employee:	**Kirk Lehman** Digitally signed by Kirk Lehman DN:cn=Kirk Lehman,email=klehman@rtccom.com,O=daviess-martin cty. rural tel. dba rtc comm.,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Kirk Lehman
Title or position of Authorized Officer or employee:	CEO/Executive VP
Telephone number of Authorized Officer or employee:	812-486-3211

Study Area Code of Reporting Carrier	320759		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GEETINGSVILLE TEL. CO., INC.	
Signature of Authorized Officer or employee:	**Steve Scott** Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel. co., inc.,l= , Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Steve Scott	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	765-258-3111	

Study Area Code of Reporting Carrier	320771		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LIGONIER TEL. CO.	
Signature of Authorized Officer or employee:	**Randy Mead** Digitally signed by Randy Mead DN:cn=Randy Mead,email=rmead@ligtel.net,O=ligonier tel. co.,l= , Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Randy Mead	
Title or position of Authorized Officer or employee:	Vice President and General Manager	
Telephone number of Authorized Officer or employee:	260-894-7161	

Study Area Code of Reporting Carrier	320783		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MONON TEL. CO., INC.
Signature of Authorized Officer or employee:	**Bruce Hanway** Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel. co., inc.,l=Monon IN 47959, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Bruce Hanway
Title or position of Authorized Officer or employee:	Secretary/Treasurer
Telephone number of Authorized Officer or employee:	219-253-6601

Study Area Code of Reporting Carrier	320790		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MULBERRY COOP. TEL. CO., INC.
Signature of Authorized Officer or employee:	**Greg Maish** Digitally signed by Greg Maish DN:cn=Greg Maish,email=gregmaish@mintel.net,O=mulberry coop. tel. co., inc.,l=Mulberry IN 46058-0370, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Greg Maish
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	765-296-2885

Study Area Code of Reporting Carrier	320792		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NEW LISBON TEL CO
Signature of Authorized Officer or employee:	**John Greene** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	John Greene
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	765-332-2413

Study Area Code of Reporting Carrier	320796		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NEW PARIS TEL., INC.	
Signature of Authorized Officer or employee:	**Paul Penrose** Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel., inc.,l=New Paris IN 46553-0047, Date:5/27/2022	Date: 5/27/2022
Printed name of Authorized Officer or employee:	Paul Penrose	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	574-831-7115	

Study Area Code of Reporting Carrier	320797		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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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:	NORTHWESTERN INDIANA TEL. CO., INC.
Signature of Authorized Officer or employee:	**Thomas Long** Digitally signed by Thomas Long DN:cn=Thomas Long,email=tlong@nitco.com,O=northwestern indiana tel. co., inc.,l=Hebron IN 46341, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Thomas Long
Title or position of Authorized Officer or employee:	COO
Telephone number of Authorized Officer or employee:	219-996-2981

Study Area Code of Reporting Carrier	320800		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PERRY-SPENCER RURAL TEL. COOP., INC. DBA PSC
Signature of Authorized Officer or employee:	**James Dauby** 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:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	James Dauby
Title or position of Authorized Officer or employee:	President/CEO
Telephone number of Authorized Officer or employee:	812-357-2123

Study Area Code of Reporting Carrier	320807		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PULASKI-WHITE RURAL TEL. COOP.dba LIGHTSTREAM
Signature of Authorized Officer or employee:	**Brent Gillum** 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:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Brent Gillum
Title or position of Authorized Officer or employee:	President/CEO
Telephone number of Authorized Officer or employee:	574-278-7121

Study Area Code of Reporting Carrier	320813		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ROCHESTER TEL. CO., INC.
Signature of Authorized Officer or employee:	**Tyson Kalischuk** Digitally signed by Tyson Kalischuk DN:cn=Tyson Kalischuk,email=tyson.kalischuk@rtc1.com,O=rochester tel. co., inc.,l= , Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Tyson Kalischuk
Title or position of Authorized Officer or employee:	VP of Finance
Telephone number of Authorized Officer or employee:	574-223-0241

Study Area Code of Reporting Carrier	320815		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SOUTHEASTERN INDIANA RURAL TEL. COOP., INC.
Signature of Authorized Officer or employee:	**Anthony Clark** Digitally signed by Anthony Clark DN:cn=Anthony Clark,email=clarkt@seidata.com,O=southeastern indiana rural tel. coop., inc.,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Anthony Clark
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	812-667-5100

Study Area Code of Reporting Carrier	320819		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SUNMAN TELECOMM LLC	
Signature of Authorized Officer or employee:	**Rodney Thiemann** Digitally signed by Rodney Thiemann DN:cn=Rodney Thiemann,email=rthiemann@gpcom.com,O=sunman telecommunications llc,l=Blair NE 68008-0500, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Rodney Thiemann	
Title or position of Authorized Officer or employee:	Sr. Director-Regulatory Finance	
Telephone number of Authorized Officer or employee:	402-426-6433	

Study Area Code of Reporting Carrier	320825		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SWAYZEE TEL. CO., INC.
Signature of Authorized Officer or employee:	**Timothy Miles** Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@fiberhawk.com,O=swayzee tel. co., inc.,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Timothy Miles
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	765-922-7916

Study Area Code of Reporting Carrier	320826		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SWEETSER RURAL TEL. CO., INC.
Signature of Authorized Officer or employee:	**Scott Winger** Digitally signed by Scott Winger DN:cn=Scott Winger,email=sawinger@comteck.com,O=sweetser rural tel. co., inc.,l=Sweetser IN 46987, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Scott Winger
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	765-384-4311

Study Area Code of Reporting Carrier	320827		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WASH. CTY. RURAL TEL. COOP., INC.
Signature of Authorized Officer or employee:	**Roland King** Digitally signed by Roland King DN:cn=Roland King,email=roland.king@telemedia.coop,O=wash. cty. rural tel. coop., inc.,l= , Date:5/27/2022
Date:	5/27/2022
Printed name of Authorized Officer or employee:	Roland King
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	812-967-2050

Study Area Code of Reporting Carrier	320834		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	YEOMAN TEL. CO., INC.	
Signature of Authorized Officer or employee:	**David Blacker** Digitally signed by David Blacker DN:cn=David Blacker,email=dblacker@fiberhawk.com,O=yeoman tel. co., inc.,l= , Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	David Blacker	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	574-965-2100	

Study Area Code of Reporting Carrier	320839		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	AMERY TELCOM, INC.	
Signature of Authorized Officer or employee:	**Scott Jensen** Digitally signed by Scott Jensen DN:cn=Scott Jensen,email=sjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Scott Jensen	
Title or position of Authorized Officer or employee:	Vice President & General Manager	
Telephone number of Authorized Officer or employee:	715-268-7101	

Study Area Code of Reporting Carrier	330842		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	AMHERST TEL. CO.
Signature of Authorized Officer or employee:	**Carl Bohman** Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=carlb@tvalleycom.com,O=amherst tel. co.,l=Amherst WI 54406-0279, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Carl Bohman
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	715-824-5529

Study Area Code of Reporting Carrier	330843		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BALDWIN TELCOM., INC.
Signature of Authorized Officer or employee:	**Matt Sparks** Digitally signed by Matt Sparks DN:cn=Matt Sparks,email=matt.sparks@baldwin-telecom.net,O=baldwin telcom., inc.,l=Baldwin WI 54002, Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Matt Sparks
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	715-684-1055

Study Area Code of Reporting Carrier	330846		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BELMONT TEL CO
Signature of Authorized Officer or employee:	**Kent Dau** Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=belmont tel. co.,l=Eldridge IA 52748, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Kent Dau
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	563-285-9611

Study Area Code of Reporting Carrier	330847		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BERGEN TEL CO
Signature of Authorized Officer or employee:	**Brad Ellefson** Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel. co.,l=Sharon WI 53585, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Brad Ellefson
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	262-736-9981

Study Area Code of Reporting Carrier	330848		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BLOOMER TEL. CO.
Signature of Authorized Officer or employee:	**Kent Klima** Digitally signed by Kent Klima DN:cn=Kent Klima,email=kent.klima@bloomer.net,O=bloomer tel. co.,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Kent Klima
Title or position of Authorized Officer or employee:	Vice President & General Manager
Telephone number of Authorized Officer or employee:	715-568-4830

Study Area Code of Reporting Carrier	330850		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BRUCE TEL. CO., INC.
Signature of Authorized Officer or employee:	**John Manosky** Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel. co., inc.,l= , Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	John Manosky
Title or position of Authorized Officer or employee:	President & General Manager
Telephone number of Authorized Officer or employee:	715-868-5111

Study Area Code of Reporting Carrier	330855		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CHEQUAMEGON COM COOP
Signature of Authorized Officer or employee:	**Robert Thompson** Digitally signed by Robert Thompson DN:cn=Robert Thompson,email=rthompson@norvado.com,O=price county tel. co.,l=Cable WI 54821, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Robert Thompson
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	715-798-3303

Study Area Code of Reporting Carrier	330860		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CHIBARDUN TEL. COOP., INC.
Signature of Authorized Officer or employee:	**Domenico Fornaro** Digitally signed by Domenico Fornaro DN:cn=Domenico Fornaro,email=dfornaro@mosaictelecom.com,O=chibardun tel. coop., inc.,l=Cameron WI 54822, Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Domenico Fornaro
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	715-458-5400

Study Area Code of Reporting Carrier	330861		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier:	CITIZENS TEL. COOP., INC.-WI	
Signature of Authorized Officer or employee:	**Dennis Bachman** 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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Dennis Bachman	
Title or position of Authorized Officer or employee:	CEO/General Manager	
Telephone number of Authorized Officer or employee:	715-237-2605	

Study Area Code of Reporting Carrier	330863		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CLEAR LAKE TELEPHONE COMPANY, LLC	
Signature of Authorized Officer or employee:	**Tim Kusilek** 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:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Tim Kusilek	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	715-263-2755	

Study Area Code of Reporting Carrier	330865		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	COON VALLEY FARMERS TEL. CO., INC.
Signature of Authorized Officer or employee:	**Carol Olson** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Carol Olson
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	608-452-3101

Study Area Code of Reporting Carrier	330868		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CUBA CITY EXCHANGE
Signature of Authorized Officer or employee:	**Kent Dau** Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=belmont tel. co.,l=Eldridge IA 52748, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Kent Dau
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	563-285-9611

Study Area Code of Reporting Carrier	330872		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 IND. TEL. CO.-WI
Signature of Authorized Officer or employee:	**Terry Kucera** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Terry Kucera
Title or position of Authorized Officer or employee:	General Manager and Compliance Officer
Telephone number of Authorized Officer or employee:	715-463-5322

Study Area Code of Reporting Carrier	330879		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HILLSBORO TEL. CO., INC.
Signature of Authorized Officer or employee:	**Carla Shaker** Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel. co., inc.,l=Hillsboro WI 54634-0427, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Carla Shaker
Title or position of Authorized Officer or employee:	Treasurer/Office Mgr.
Telephone number of Authorized Officer or employee:	608-489-3230

Study Area Code of Reporting Carrier	330892		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LAKEFIELD TEL CO
Signature of Authorized Officer or employee:	**Dan Fabry** 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:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Dan Fabry
Title or position of Authorized Officer or employee:	Vice President
Telephone number of Authorized Officer or employee:	920-617-7415

Study Area Code of Reporting Carrier	330896		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LA VALLE TEL. COOP.
Signature of Authorized Officer or employee:	**Gregory Rockweiler** Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=gregr@ltc.coop,O=la valle tel. coop.,l=La Valle WI 53941, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Gregory Rockweiler
Title or position of Authorized Officer or employee:	Assistant Secretary
Telephone number of Authorized Officer or employee:	608-985-7201

Study Area Code of Reporting Carrier	330899		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LEMONWEIR VALLEY TEL. CO.
Signature of Authorized Officer or employee:	**Donna Rezin** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Donna Rezin
Title or position of Authorized Officer or employee:	Treasurer
Telephone number of Authorized Officer or employee:	608-427-6515

Study Area Code of Reporting Carrier	330900		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LAKELAND COMMUNICATIONS GROUP, LLC	
Signature of Authorized Officer or employee:	**Crystal Morley** Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakelandteam.com,O=lakeland communications group, llc,l=Milltown WI 54858, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Crystal Morley	
Title or position of Authorized Officer or employee:	Controller	
Telephone number of Authorized Officer or employee:	715-825-5105	

Study Area Code of Reporting Carrier	330902		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MANAWA TEL CO	
Signature of Authorized Officer or employee:	**Justin Huebner** Digitally signed by Justin Huebner DN:cn=Justin Huebner,email=jhuebner@solarus.net,O=manawa tel. co.,l=Wisconsin Rapids WI 54495-8045, Date:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	Justin Huebner	
Title or position of Authorized Officer or employee:	Chief Executive Officer	
Telephone number of Authorized Officer or employee:	715-421-8140	

Study Area Code of Reporting Carrier	330905		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MARQUETTE-ADAMS TEL. COOP., INC.	
Signature of Authorized Officer or employee:	**Jerry Schneider** Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquette-adams tel. coop., inc.,l=Oxford WI 53952, Date:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	Jerry Schneider	
Title or position of Authorized Officer or employee:	CEO & General Manager	
Telephone number of Authorized Officer or employee:	608-586-4111	

Study Area Code of Reporting Carrier	330908		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NELSON COMMUNICATIONS COOPERATIVE	
Signature of Authorized Officer or employee:	**Christy Berger** Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@ntec.net,O=nelson communications cooperative,l=Durand WI 54736-0228, Date:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	Christy Berger	
Title or position of Authorized Officer or employee:	Executive Vice President	
Telephone number of Authorized Officer or employee:	715-672-4204	

Study Area Code of Reporting Carrier	330918		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NIAGARA TEL CO	
Signature of Authorized Officer or employee:	**Dan Fabry** 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:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Dan Fabry	
Title or position of Authorized Officer or employee:	Vice President	
Telephone number of Authorized Officer or employee:	920-617-7415	

Study Area Code of Reporting Carrier	330920		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BAYLAND TEL, LLC
Signature of Authorized Officer or employee:	**Dan Fabry** 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:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Dan Fabry
Title or position of Authorized Officer or employee:	Vice President
Telephone number of Authorized Officer or employee:	920-617-7415

Study Area Code of Reporting Carrier	330925		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PRICE COUNTY TEL CO	
Signature of Authorized Officer or employee:	**Robert Thompson** Digitally signed by Robert Thompson DN:cn=Robert Thompson,email=rthompson@norvado.com,O=price county tel. co.,l=Cable WI 54821, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Robert Thompson	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	715-798-3303	

Study Area Code of Reporting Carrier	330937		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTHEAST TEL CO
Signature of Authorized Officer or employee:	**Dan Fabry** 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:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Dan Fabry
Title or position of Authorized Officer or employee:	Vice President
Telephone number of Authorized Officer or employee:	920-617-7415

Study Area Code of Reporting Carrier	330938		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RICHLAND-GRANT TEL. COOP., INC.
Signature of Authorized Officer or employee:	**John Bartz** Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mwt.net,O=richland-grant tel. coop., inc.,l=Blue River WI 53518, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	John Bartz
Title or position of Authorized Officer or employee:	CEO/General Manager
Telephone number of Authorized Officer or employee:	608-537-2461

Study Area Code of Reporting Carrier	330942		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SHARON TEL CO
Signature of Authorized Officer or employee:	**Brad Ellefson** Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel. co.,l=Sharon WI 53585, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Brad Ellefson
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	262-736-9981

Study Area Code of Reporting Carrier	330946		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SIREN TEL. CO., INC.
Signature of Authorized Officer or employee:	**Sid Sherstad** Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel. co., inc.,l=Siren WI 54872-0426, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Sid Sherstad
Title or position of Authorized Officer or employee:	Vice President
Telephone number of Authorized Officer or employee:	715-349-2224

Study Area Code of Reporting Carrier	330949		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SOMERSET TEL CO	
Signature of Authorized Officer or employee:	**Scott Jensen** Digitally signed by Scott Jensen DN:cn=Scott Jensen,email=sjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Scott Jensen	
Title or position of Authorized Officer or employee:	Vice President & General Manager	
Telephone number of Authorized Officer or employee:	715-268-7101	

Study Area Code of Reporting Carrier	330951		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SPRING VALLEY TEL. CO., INC.
Signature of Authorized Officer or employee:	**Carol Anderson** 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:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Carol Anderson
Title or position of Authorized Officer or employee:	Vice President
Telephone number of Authorized Officer or employee:	715-778-4433

Study Area Code of Reporting Carrier	330953		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC.
Signature of Authorized Officer or employee:	**Cheryl Rue** Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county communications cooperative, inc.,l=Strum WI 54770, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Cheryl Rue
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	715-695-2691

Study Area Code of Reporting Carrier	330960		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	UNION TEL. CO.
Signature of Authorized Officer or employee:	**Carl Bohman** Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=carlb@tvalleycom.com,O=union tel. co.,l=Amherst WI 54406-0279, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Carl Bohman
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	715-824-5529

Study Area Code of Reporting Carrier	330962		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	VERNON COMMUNICATIONS COOPERATIVE	
Signature of Authorized Officer or employee:	**Rodney Olson** Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernoncom.coop,O=vernon communications cooperative,l=Westby WI 54667, Date:5/27/2022	Date: 5/27/2022
Printed name of Authorized Officer or employee:	Rodney Olson	
Title or position of Authorized Officer or employee:	CEO & General Manager	
Telephone number of Authorized Officer or employee:	608-634-7421	

Study Area Code of Reporting Carrier	330966		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 WISCONSIN TELCOM COOP., INC.
Signature of Authorized Officer or employee:	**Mark Stenseth** Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=west wisconsin telcom coop., inc.,l=Downsville WI 54735, Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Mark Stenseth
Title or position of Authorized Officer or employee:	CEO/General Manager
Telephone number of Authorized Officer or employee:	715-664-8311

Study Area Code of Reporting Carrier	330971		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WITTENBERG TEL. CO.
Signature of Authorized Officer or employee:	**Scott Nyman** Digitally signed by Scott Nyman DN:cn=Scott Nyman,email=snyman@cirrinity.net,O=wittenberg tel. co.,l=Wittenberg WI 54499-0160, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Scott Nyman
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	715-253-2112

Study Area Code of Reporting Carrier	330973		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WOOD COUNTY TEL CO
Signature of Authorized Officer or employee:	**Justin Huebner** Digitally signed by Justin Huebner DN:cn=Justin Huebner,email=jhuebner@solarus.net,O=manawa tel. co.,l=Wisconsin Rapids WI 54495-8045, Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	Justin Huebner
Title or position of Authorized Officer or employee:	Chief Executive Officer
Telephone number of Authorized Officer or employee:	715-421-8140

Study Area Code of Reporting Carrier	330974		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ADAMS TEL. COOP.		
Signature of Authorized Officer or employee:	**James Broemmer Jr.** Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroemmer@adamstel.com,O=adams tel. coop.,l=Golden IL 62339-0217, Date:5/24/2022	Date:	5/24/2022
Printed name of Authorized Officer or employee:	James Broemmer Jr.		
Title or position of Authorized Officer or employee:	CEO		
Telephone number of Authorized Officer or employee:	217-696-4411		
Study Area Code of Reporting Carrier	340976	Filing Due Date for this form (mm/dd/yyyy)	6/16/2022

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 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:	ALHAMBRA - GRANTFORK TELEPHONE COMPANY		
Signature of Authorized Officer or employee:	**Kevin Osterbur** Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@exchange.agtelco.com,O=alhambra - grantfork telephone company,l=Alhambra IL 62001-0207, Date:5/19/2022	Date:	5/19/2022
Printed name of Authorized Officer or employee:	Kevin Osterbur		
Title or position of Authorized Officer or employee:	Manager		
Telephone number of Authorized Officer or employee:	618-488-2165		
Study Area Code of Reporting Carrier	340978	Filing Due Date for this form (mm/dd/yyyy)	6/16/2022

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 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:	CAMBRIDGE TEL CO -IL
Signature of Authorized Officer or employee:	**Judith Denys** Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=cambridge tel. co.-il,l=Geneseo IL 61254-0330, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Judith Denys
Title or position of Authorized Officer or employee:	Controller
Telephone number of Authorized Officer or employee:	309-944-8017

Study Area Code of Reporting Carrier	340983		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CASS TELEPHONE COMPANY
Signature of Authorized Officer or employee:	**Amy Parlier** Digitally signed by Amy Parlier DN:cn=Amy Parlier,email=amy@casscomm.com,O=cass telephone company,l=Virginia IL 62691, Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Amy Parlier
Title or position of Authorized Officer or employee:	Controller
Telephone number of Authorized Officer or employee:	217-452-4112

Study Area Code of Reporting Carrier	340984		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 pursua to §51.917(f).

Name of Reporting Carrier	Clarksville Mutual Telephone Company				
Signature of authorized officer	Patricia Rhoads			Date	5/20/2022
Printed name of authorized officer	Patricia Rhoads				
Title or position of authorized officer	Secretary/Treasurer				
Telephone number of authorized officer:	217-889-3822 ext.				
Study Area Code of Reporting Carrier	340990		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	CROSSVILLE TEL. CO.
Signature of Authorized Officer or employee:	**Chris Birkla** Digitally signed by Chris Birkla DN:cn=Chris Birkla,email=cbirkla@crosstelco.com,O=crossville tel. co.,l=Crossville IL 62827, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Chris Birkla
Title or position of Authorized Officer or employee:	Assistant Secretary/Treasurer/General Mg
Telephone number of Authorized Officer or employee:	618-966-2196

Study Area Code of Reporting Carrier	340993		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	EGYPTIAN COOP ASSN	
Signature of Authorized Officer or employee:	**Matt Bollinger** Digitally signed by Matt Bollinger DN:cn=Matt Bollinger,email=mbollinger@egyptian.net,O=egyptian tel. coop. assn.,l= , Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Matt Bollinger	
Title or position of Authorized Officer or employee:	Executive Vice President/General Manager	
Telephone number of Authorized Officer or employee:	618-774-1000	

Study Area Code of Reporting Carrier	341003		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	FLAT ROCK TEL. COOP., INC.	
Signature of Authorized Officer or employee:	**Barry Adair** Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=flat rock tel. coop., inc.,l=Louisville IL 62858, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Barry Adair	
Title or position of Authorized Officer or employee:	CEO/General Manager	
Telephone number of Authorized Officer or employee:	618-665-3311	

Study Area Code of Reporting Carrier	341012		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GENESEO TEL CO	
Signature of Authorized Officer or employee:	**Judith Denys** Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=cambridge tel. co.-il,l=Geneseo IL 61254-0330, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Judith Denys	
Title or position of Authorized Officer or employee:	Controller	
Telephone number of Authorized Officer or employee:	309-944-8017	

Study Area Code of Reporting Carrier	341016		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GLASFORD TEL. CO.
Signature of Authorized Officer or employee:	**Duane Goetze** Digitally signed by Duane Goetze DN:cn=Duane Goetze,email=swbgtc@glastel.net,O=glasford tel. co.,l=Glasford IL 61533, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Duane Goetze
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	309-389-2111

Study Area Code of Reporting Carrier	341017		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GRAFTON TEL. CO.
Signature of Authorized Officer or employee:	**Leigh Sickinger** Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grafton tel. co.,l=Grafton IL 62037, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Leigh Sickinger
Title or position of Authorized Officer or employee:	Vice President
Telephone number of Authorized Officer or employee:	618-786-3400

Study Area Code of Reporting Carrier	341020		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	THE GRANDVIEW MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**Angela Tate** Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=the grandview mutual tel. co.,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Angela Tate
Title or position of Authorized Officer or employee:	Treasurer
Telephone number of Authorized Officer or employee:	217-946-4101

Study Area Code of Reporting Carrier	341021		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GRIDLEY TEL CO	
Signature of Authorized Officer or employee:	**Herb Flesher** Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel. co.,l=Gridley IL 61744-0129, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Herb Flesher	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	309-747-3780	

Study Area Code of Reporting Carrier	341023		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	5-17-2022	
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 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 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:	SHAWNEE TEL. CO.
Signature of Authorized Officer or employee:	**James Grisham** Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee telephone company,l=Equality IL 62934, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	James Grisham
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	618-276-4211

Study Area Code of Reporting Carrier	341025		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HENRY COUNTY TEL CO	
Signature of Authorized Officer or employee:	**Judith Denys** Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=cambridge tel. co.-il,l=Geneseo IL 61254-0330, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Judith Denys	
Title or position of Authorized Officer or employee:	Controller	
Telephone number of Authorized Officer or employee:	309-944-8017	

Study Area Code of Reporting Carrier	341029		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HOME TELEPHONE COMPANY-ST. JACOB
Signature of Authorized Officer or employee:	**Eric Schmidt** 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:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Eric Schmidt
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	618-644-2111

Study Area Code of Reporting Carrier	341032		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	KINSMAN MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**Michelle Baudino** Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel. co.,l=Kinsman IL 60437, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Michelle Baudino
Title or position of Authorized Officer or employee:	Secretary/Treasurer
Telephone number of Authorized Officer or employee:	815-392-4210

Study Area Code of Reporting Carrier	341041		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LA HARPE TEL. CO.
Signature of Authorized Officer or employee:	**Mark Irish** Digitally signed by Mark Irish DN:cn=Mark Irish,email=mark@laharpetelephone.com,O=la harpe tel. co.,l=LaHarpe IL 61450, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Mark Irish
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	217-659-7721

Study Area Code of Reporting Carrier	341043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LEAF RIVER TEL. CO.	
Signature of Authorized Officer or employee:	**Aaron Palmer** Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lrnet1.com,O=leaf river tel. co.,l=Leaf River IL 61047, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Aaron Palmer	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	815-738-2216	

Study Area Code of Reporting Carrier	341045		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LEONORE MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**Donna Naas** Digitally signed by Donna Naas DN:cn=Donna Naas,email=lmtc@lmtc.net,O=leonore mutual tel. co.,l=Leonore IL 61332, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Donna Naas
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	815-856-3164

Study Area Code of Reporting Carrier	341046		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MCDONOUGH TELEPHONE COOPERATIVE	
Signature of Authorized Officer or employee:	**Jay Griswold** Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jgriswold@mdtc.net,O=mcdonough telephone cooperative,l=Colchester IL 62326, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Jay Griswold	
Title or position of Authorized Officer or employee:	President/CEO	
Telephone number of Authorized Officer or employee:	309-776-3211	

Study Area Code of Reporting Carrier	341047		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: MCNABB TEL. CO.		
Signature of Authorized Officer or employee: **Kenneth Troyan** Digitally signed by Kenneth Troyan DN:cn=Kenneth Troyan,email=kennethtroyan@nabbnet.com,O=mcnabb tel. co.,l= , Date:5/20/2022		Date: 5/20/2022
Printed name of Authorized Officer or employee: Kenneth Troyan		
Title or position of Authorized Officer or employee: President		
Telephone number of Authorized Officer or employee: 815-882-2201		

Study Area Code of Reporting Carrier	341048		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Madison Telephone Company				
Signature of authorized officer	Mary J. Westerhold			Date	5/19/2022
Printed name of authorized officer	Mary J. Westerhold				
Title or position of authorized officer	Vice President				
Telephone number of authorized officer:	(08) 835.1000 , ext. 0248				
Study Area Code of Reporting Carrier	341049		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	MARSEILLES TEL CO
Signature of Authorized Officer or employee:	**Ann Dickerson** 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:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Ann Dickerson
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	309-367-4197

Study Area Code of Reporting Carrier	341050		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	METAMORA TEL CO
Signature of Authorized Officer or employee:	**Ann Dickerson** 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:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Ann Dickerson
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	309-367-4197

Study Area Code of Reporting Carrier	341053		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MID CENTURY TELEPHONE CO-OPERATIVE	
Signature of Authorized Officer or employee:	**James Broemmer, Jr.** Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jimbroemmer@adamstel.com,O=mid century telephone co-operative,l=Fairview IL 61432, Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	James Broemmer, Jr.	
Title or position of Authorized Officer or employee:	CEO/General Manager	
Telephone number of Authorized Officer or employee:	309-778-8611	

Study Area Code of Reporting Carrier	341054		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MONTROSE MUTUAL TEL
Signature of Authorized Officer or employee:	**Barry Adair** Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=montrose mutual tel. co.,l=Louisville IL 62858, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Barry Adair
Title or position of Authorized Officer or employee:	CEO/General Manager
Telephone number of Authorized Officer or employee:	618-665-3311

Study Area Code of Reporting Carrier	341058		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MOULTRIE INDEPENDENT	
Signature of Authorized Officer or employee:	**James Grisham** Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee telephone company,l=Equality IL 62934, Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	James Grisham	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	618-276-4211	

Study Area Code of Reporting Carrier	341060		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NEW WINDSOR TEL. CO.
Signature of Authorized Officer or employee:	**Sharon Sims** Digitally signed by Sharon Sims DN:cn=Sharon Sims,email=nwofficer667@gmail.com,O=new windsor tel. co.,l=New Windsor IL 61465, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Sharon Sims
Title or position of Authorized Officer or employee:	Secretary
Telephone number of Authorized Officer or employee:	309-667-2712

Study Area Code of Reporting Carrier	341062		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL. EXCHANGE
Signature of Authorized Officer or employee:	**Troy Nimrick** Digitally signed by Troy Nimrick DN:cn=Troy Nimrick,email=troy@oneidatel.com,O=oneida tel. exchange,l=Oneida IL 61467-0445, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Troy Nimrick
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	309-483-3111

Study Area Code of Reporting Carrier	341066		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	REYNOLDS TEL. CO.	
Signature of Authorized Officer or employee:	**Jace Taylor** Digitally signed by Jace Taylor DN:cn=Jace Taylor,email=jataylor@reytel.net,O=reynolds tel. co.,l=Reynolds IL 61279, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Jace Taylor	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	309-372-4214	

Study Area Code of Reporting Carrier	341075		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TONICA TEL. CO.	
Signature of Authorized Officer or employee:	**Jeremy Hillyer** Digitally signed by Jeremy Hillyer DN:cn=Jeremy Hillyer,email=tontel@tonicacom.net,O=tonica tel. co.,l=Tonica IL 61370-0158, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Jeremy Hillyer	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	815-442-9901	

Study Area Code of Reporting Carrier	341086		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	VIOLA HOME TEL. CO.
Signature of Authorized Officer or employee:	**Jay Barton** Digitally signed by Jay Barton DN:cn=Jay Barton,email=jay@violatel.com,O=viola home tel. co.,l=Viola IL 61486, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Jay Barton
Title or position of Authorized Officer or employee:	Assistant Secretary
Telephone number of Authorized Officer or employee:	309-596-2222

Study Area Code of Reporting Carrier	341087		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WABASH COMM CO-OP
Signature of Authorized Officer or employee:	**Barry Adair** Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=montrose mutual tel. co.,l=Louisville IL 62858, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Barry Adair
Title or position of Authorized Officer or employee:	CEO/General Manager
Telephone number of Authorized Officer or employee:	618-665-3311

Study Area Code of Reporting Carrier	341088		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WOODHULL TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Philip Wirt** Digitally signed by Philip Wirt DN:cn=Philip Wirt,email=pwirtwtc@divcominc.net,O=woodhull telephone company,l=Woodhull IL 61490-0117, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Philip Wirt	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	309-334-2150	

Study Area Code of Reporting Carrier	341091		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	STELLE TEL. CO.
Signature of Authorized Officer or employee:	**Jo Daly** Digitally signed by Jo Daly DN:cn=Jo Daly,email=stelletelephone@stelle.net,O=stelle tel. co.,l= , Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Jo Daly
Title or position of Authorized Officer or employee:	Financial/Admin Manager
Telephone number of Authorized Officer or employee:	815-256-2345

Study Area Code of Reporting Carrier	341092		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	REASNOR TELEPHONE COMPANY, LLC
Signature of Authorized Officer or employee:	**Johnny Harvison** Digitally signed by Johnny Harvison DN:cn=Johnny Harvison,email=johnny.harvison@dynprod.net,O=reasnor telephone company, llc,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Johnny Harvison
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	817-838-1800

Study Area Code of Reporting Carrier	350739		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ANDREW TEL CO INC
Signature of Authorized Officer or employee:	**JoAnne Gregorich** Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel. co., inc.,l=LaMotte IA 52054, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	JoAnne Gregorich
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	563-773-2213

Study Area Code of Reporting Carrier	351097		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WESTSIDE INDEPENDENT
Signature of Authorized Officer or employee:	**Kevin Skinner** Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Kevin Skinner
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	712-673-2311

Study Area Code of Reporting Carrier	351100		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: ATKINS TEL. CO.		
Signature of Authorized Officer or employee: **Gerald Spaight** Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atccomm.net,O=atkins tel. co.,l=Atkins IA 52206, Date:5/24/2022		Date: 5/24/2022
Printed name of Authorized Officer or employee: Gerald Spaight		
Title or position of Authorized Officer or employee: General Manager / Treasurer		
Telephone number of Authorized Officer or employee: 319-446-7331		

Study Area Code of Reporting Carrier	351101		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	AYRSHIRE FARMERS MUT
Signature of Authorized Officer or employee:	**Donald Miller** Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=ayrshire fmrs. mut. tel. co.,l= , Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Donald Miller
Title or position of Authorized Officer or employee:	Manager
Telephone number of Authorized Officer or employee:	712-776-2222

Study Area Code of Reporting Carrier	351105		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ALPINE COMMUNICATIONS, L.C.	
Signature of Authorized Officer or employee:	**Chris Hopp** Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine communications, l.c.,l=Elkader IA 52043, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Chris Hopp	
Title or position of Authorized Officer or employee:	Chief Operating Officer	
Telephone number of Authorized Officer or employee:	563-245-4480	

Study Area Code of Reporting Carrier	351106		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BALDWIN-NASHVILLE TEL. CO., INC.
Signature of Authorized Officer or employee:	**Brian Rickels** 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:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Brian Rickels
Title or position of Authorized Officer or employee:	Manager
Telephone number of Authorized Officer or employee:	563-673-6001

Study Area Code of Reporting Carrier	351107		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BARNES CITY COOP. TEL. CO.
Signature of Authorized Officer or employee:	**Diane Henry** 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:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Diane Henry
Title or position of Authorized Officer or employee:	Secretary/Treasurer
Telephone number of Authorized Officer or employee:	641-644-5214

Study Area Code of Reporting Carrier	351108		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BERNARD TEL. CO., INC.
Signature of Authorized Officer or employee:	**Kyle Manders** Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel. co., inc.,l=Bernard IA 52032-0068, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Kyle Manders
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	563-879-3203

Study Area Code of Reporting Carrier	351110		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BREDA TEL CORP.
Signature of Authorized Officer or employee:	**Kevin Skinner** Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Kevin Skinner
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	712-673-2311

Study Area Code of Reporting Carrier	351112		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BROOKLYN MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**Tim Atkinson** Digitally signed by Tim Atkinson DN:cn=Tim Atkinson,email=brookmt@netins.net,O=brooklyn mutual tel. co.,l=Brooklyn IA 52211-0513, Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	Tim Atkinson
Title or position of Authorized Officer or employee:	General Manager/Compliance Officer
Telephone number of Authorized Officer or employee:	641-522-9211

Study Area Code of Reporting Carrier	351113		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BUTLER-BREMER MUT. TEL. CO.
Signature of Authorized Officer or employee:	**Andrea Hansen** 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:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Andrea Hansen
Title or position of Authorized Officer or employee:	CEO/GM
Telephone number of Authorized Officer or employee:	319-276-4458

Study Area Code of Reporting Carrier	351115		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CASCADE COMMUNICATIONS COMPANY	
Signature of Authorized Officer or employee:	**David Gibson** Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade communications company,l=Cascade IA 52033-0250, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	David Gibson	
Title or position of Authorized Officer or employee:	General Manager/Compliance Officer	
Telephone number of Authorized Officer or employee:	563-852-3710	

Study Area Code of Reporting Carrier	351118		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CASEY MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**John Breining** Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel. co.,l=Casey IA 50048, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	John Breining
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	641-746-2222

Study Area Code of Reporting Carrier	351119		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CENTER JUNCTION TEL. CO., INC.
Signature of Authorized Officer or employee:	**Russ Benke** 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:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Russ Benke
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	563-487-2631

Study Area Code of Reporting Carrier	351121		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CENTRAL SCOTT TEL CO
Signature of Authorized Officer or employee:	**Kent Dau** Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=belmont tel. co.,l=Eldridge IA 52748, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Kent Dau
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	563-285-9611

Study Area Code of Reporting Carrier	351125		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier:	CITIZENS MUTUAL TELEPHONE COOPERATIVE
Signature of Authorized Officer or employee:	**Vince Tyson** Digitally signed by Vince Tyson DN:cn=Vince Tyson,email=vtyson@mycmtech.com,O=citizens mutual telephone cooperative,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Vince Tyson
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	641-664-2074

Study Area Code of Reporting Carrier	351129		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CLARENCE TEL. CO., INC.	
Signature of Authorized Officer or employee:	**Chad Fall** Digitally signed by Chad Fall DN:cn=Chad Fall,email=ctcmanager@netins.net,O=clarence tel. co., inc.,l=Clarence IA 52216, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Chad Fall	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	563-452-3852	

Study Area Code of Reporting Carrier	351130		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	C-M-L TEL. COOP. ASSN.
Signature of Authorized Officer or employee:	**Bruce Johnson** 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:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Bruce Johnson
Title or position of Authorized Officer or employee:	General Manager/CEO
Telephone number of Authorized Officer or employee:	712-443-8222

Study Area Code of Reporting Carrier	351133		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	COLO TEL. CO.	
Signature of Authorized Officer or employee:	**Larry Springer** Digitally signed by Larry Springer DN:cn=Larry Springer,email=larry@colotel.org,O=colo tel. co.,l=Colo IA 50056-0315, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Larry Springer	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	641-377-2202	

Study Area Code of Reporting Carrier	351134		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: SHELLSBURG CABLE		
Signature of Authorized Officer or employee: **Curtis Eldred**	Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@usacomm.coop,O=farmers mutual tel. coop.-shellsburg,l=Shellsburg IA 52332, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee: Curtis Eldred		
Title or position of Authorized Officer or employee: General Manager		
Telephone number of Authorized Officer or employee: 319-436-2224		

Study Area Code of Reporting Carrier	351136		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	COON VALLEY COOP. TEL. ASSN., INC.	
Signature of Authorized Officer or employee:	**Jim Nelson** 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:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Jim Nelson	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	641-524-2111	

Study Area Code of Reporting Carrier	351137		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	COOP. TEL. CO.
Signature of Authorized Officer or employee:	**Scott Schabacker** Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=cooptel@netins.net,O=coop. tel. co.,l=Victor IA 52347, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Scott Schabacker
Title or position of Authorized Officer or employee:	Chief Operating Officer/General Manager
Telephone number of Authorized Officer or employee:	319-647-3131

Study Area Code of Reporting Carrier	351139		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CORN BELT TEL. CO.
Signature of Authorized Officer or employee:	**Lee Wuebker** Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=cornbelt@netins.net,O=corn belt tel. co.,l=Wall Lake IA 51466, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Lee Wuebker
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	712-664-2221

Study Area Code of Reporting Carrier	351141		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CUMBERLAND TEL. CO.
Signature of Authorized Officer or employee:	**Vickie Adams** Digitally signed by Vickie Adams DN:cn=Vickie Adams,email=vickie_ctc@netins.net,O=cumberland tel. co.,l=Cumberland IA 50843, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Vickie Adams
Title or position of Authorized Officer or employee:	Office Manager
Telephone number of Authorized Officer or employee:	712-774-2221

Study Area Code of Reporting Carrier	351146		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DANVILLE MUT. TEL. CO.	
Signature of Authorized Officer or employee:	**Timothy Fencl** Digitally signed by Timothy Fencl DN:cn=Timothy Fencl,email=tfencl@danvilletelco.net,O=danville mut. tel. co.,l=Danville IA 52623, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Timothy Fencl	
Title or position of Authorized Officer or employee:	General Manager & CEO	
Telephone number of Authorized Officer or employee:	319-392-4251	

Study Area Code of Reporting Carrier	351147		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 COOPERATIVE TEL CO (DEFIANCE)
Signature of Authorized Officer or employee:	**Thomas Conry** 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:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Thomas Conry
Title or position of Authorized Officer or employee:	General Manager/CEO
Telephone number of Authorized Officer or employee:	712-744-3131

Study Area Code of Reporting Carrier	351149		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DIXON ACQ LLC
Signature of Authorized Officer or employee:	**Kent Dau** Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=belmont tel. co.,l=Eldridge IA 52748, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Kent Dau
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	563-285-9611

Study Area Code of Reporting Carrier	351150		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DUMONT TEL. CO.
Signature of Authorized Officer or employee:	**Roger Kregel** Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@dumonttelephone.com,O=dumont tel. co.,l=Dumont IA 50625-0349, Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Roger Kregel
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	641-857-3211

Study Area Code of Reporting Carrier	351152		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DUNKERTON TEL. COOP., INC.	
Signature of Authorized Officer or employee:	**Abbi Kienast** Digitally signed by Abbi Kienast DN:cn=Abbi Kienast,email=abbi@dunkerton.net,O=dunkerton tel. coop., inc.,l=Dunkerton IA 50626, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Abbi Kienast	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	319-822-4512	

Study Area Code of Reporting Carrier	351153		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL. COOP.	
Signature of Authorized Officer or employee:	**Michael Becker** Digitally signed by Michael Becker DN:cn=Michael Becker,email=mike.becker@eastbuchanan.com,O=east buchanan tel. coop.,l= , Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Michael Becker	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	319-935-3011	

Study Area Code of Reporting Carrier	351156		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ELLSWORTH COOP. TEL. ASSN.	
Signature of Authorized Officer or employee:	**Joshua Angove** Digitally signed by Joshua Angove DN:cn=Joshua Angove,email=jangove@netins.net,O=ellsworth coop. tel. assn.,l=Ellsworth IA 50075-0458, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Joshua Angove	
Title or position of Authorized Officer or employee:	Manager	
Telephone number of Authorized Officer or employee:	515-836-4431	

Study Area Code of Reporting Carrier	351157		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MINBURN TELECOMM.	
Signature of Authorized Officer or employee:	**Debra Lucht** Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecommunications, inc.,l=Minburn IA 50167, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Debra Lucht	
Title or position of Authorized Officer or employee:	General Manager/CEO	
Telephone number of Authorized Officer or employee:	515-677-2264	

Study Area Code of Reporting Carrier	351158		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	F&B COMMUNICATIONS, INC.		
Signature of Authorized Officer or employee:	**Aaron Horman** Digitally signed by Aaron Horman DN:cn=Aaron Horman,email=aaron@fbc-tele.com,O=f&b communications, inc.,l=Wheatland IA 52777, Date:5/20/2022	Date:	5/20/2022
Printed name of Authorized Officer or employee:	Aaron Horman		
Title or position of Authorized Officer or employee:	General Manager/Assistant Treasurer		
Telephone number of Authorized Officer or employee:	563-374-1236		

Study Area Code of Reporting Carrier	351160		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 COOP. TEL. CO.-DYSART
Signature of Authorized Officer or employee:	**Shelly Franzenburg** Digitally signed by Shelly Franzenburg DN:cn=Shelly Franzenburg,email=sfranzenburg@fctc.coop,O=farmers coop. tel. co.-dysart,l=Dysart IA 52224-0280, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Shelly Franzenburg
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	319-476-7800

Study Area Code of Reporting Carrier	351162		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 & MERCHANTS MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**Ray Fear** Digitally signed by Ray Fear DN:cn=Ray Fear,email=rayfear@farmtel.com,O=farmers & merchants mutual tel. co.,l= , Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Ray Fear
Title or position of Authorized Officer or employee:	Operations Manager
Telephone number of Authorized Officer or employee:	319-256-2736

Study Area Code of Reporting Carrier	351166		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 COOP TEL CO- HARLAN
Signature of Authorized Officer or employee:	**Thomas Conry** Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop tel co-harlan,l=Harlan IA 51537-0311, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Thomas Conry
Title or position of Authorized Officer or employee:	General Manager/CEO
Telephone number of Authorized Officer or employee:	712-744-3131

Study Area Code of Reporting Carrier	351168		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 COOP. TEL. CO.-MOULTON	
Signature of Authorized Officer or employee:	**Tammy Wheeler** Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=tammywheeler@fmcfiber.com,O=farmers mutual coop. tel. co.-moulton,l=Moulton IA 52572, Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Tammy Wheeler	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	641-642-3249	

Study Area Code of Reporting Carrier	351169		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL. CO.-JESUP
Signature of Authorized Officer or employee:	**Tony Lang** 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:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Tony Lang
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	319-827-1151

Study Area Code of Reporting Carrier	351171		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL	
Signature of Authorized Officer or employee:	**Josh Hveem** 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:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Josh Hveem	
Title or position of Authorized Officer or employee:	COO	
Telephone number of Authorized Officer or employee:	641-765-4201	

Study Area Code of Reporting Carrier	351172		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 COOP	
Signature of Authorized Officer or employee:	**Curtis Eldred** Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@usacomm.coop,O=farmers mutual tel. coop.-shellsburg,l=Shellsburg IA 52332, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Curtis Eldred	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	319-436-2224	

Study Area Code of Reporting Carrier	351173		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TELEPHONE CO. OF STANTON, IOWA	
Signature of Authorized Officer or employee:	**Tim Eklund** Digitally signed by Tim Eklund DN:cn=Tim Eklund,email=teklund@fmtcnet.com,O=farmers mutual telephone co. of stanton, iowa,l=Stanton IA 51573-0220, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Tim Eklund	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	712-829-2111	

Study Area Code of Reporting Carrier	351174		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL. CO.-BATAVIA	
Signature of Authorized Officer or employee:	**Vince Tyson** Digitally signed by Vince Tyson DN:cn=Vince Tyson,email=vtyson@mycmtech.com,O=farmers tel. co.-batavia,l= , Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Vince Tyson	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	641-664-2074	

Study Area Code of Reporting Carrier	351175		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL. CO.-ESSEX
Signature of Authorized Officer or employee:	**Tim Hill** Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel. co.-essex,l=Essex IA 51638, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Tim Hill
Title or position of Authorized Officer or employee:	Manager
Telephone number of Authorized Officer or employee:	712-379-3001

Study Area Code of Reporting Carrier	351176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL CO -RICE	
Signature of Authorized Officer or employee:	**Josh Hveem** 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:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Josh Hveem	
Title or position of Authorized Officer or employee:	COO	
Telephone number of Authorized Officer or employee:	641-765-4201	

Study Area Code of Reporting Carrier	351177		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	FENTON COOP. TEL. CO.
Signature of Authorized Officer or employee:	**Steven Longhenry** Digitally signed by Steven Longhenry DN:cn=Steven Longhenry,email=fntn@netins.net,O=fenton coop. tel. co.,l=Fenton IA 50539, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Steven Longhenry
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	515-889-2785

Study Area Code of Reporting Carrier	351179		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PARTNER COMMUNICATIONS COOPERATIVE	
Signature of Authorized Officer or employee:	**Arthur Cooper** Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=tophog@partnercom.net,O=partner communications cooperative,l= , Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Arthur Cooper	
Title or position of Authorized Officer or employee:	Board President	
Telephone number of Authorized Officer or employee:	641-498-7701	

Study Area Code of Reporting Carrier	351187		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	GOLDFIELD TELEPHONE COMPANY				
Signature of authorized officer				Date	05/23/2022
Printed name of authorized officer	RANDY YEAKEL				
Title or position of authorized officer	PRESIDENT				
Telephone number of authorized officer:	(641) 762-3772				
Study Area Code of Reporting Carrier	351188		Filing Due Date for this form (mm/dd/yyyy)	June 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 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	[signature]		Date	6/26/22	
Printed name of authorized officer	IVAN DALEN				
Title or position of authorized officer	GM				
Telephone number of authorized officer:	(712) 859 3300 ext.				
Study Area Code of Reporting Carrier	351189		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	GRAND MOUND COOP. TEL. ASSN.	
Signature of Authorized Officer or employee:	**Travis Ballou** 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:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Travis Ballou	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	563-847-3000	

Study Area Code of Reporting Carrier	351191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GRISWOLD COOP. TEL. CO.
Signature of Authorized Officer or employee:	**Amy McLaren** 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:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Amy McLaren
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	712-778-2121

Study Area Code of Reporting Carrier	351195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HAWKEYE TEL. CO.
Signature of Authorized Officer or employee:	**David Byers** Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=hawkeye tel. co.,l=Monona IA 52159-0835, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	David Byers
Title or position of Authorized Officer or employee:	COO/Assistant Secretary
Telephone number of Authorized Officer or employee:	563-539-2122

Study Area Code of Reporting Carrier	351199		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HUBBARD COOP. TEL. ASSN.
Signature of Authorized Officer or employee:	**Greg Ball** Digitally signed by Greg Ball DN:cn=Greg Ball,email=hubbard1@netins.net,O=hubbard coop. tel. assn.,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Greg Ball
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	641-864-2216

Study Area Code of Reporting Carrier	351203		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HUXLEY COMMUNICATIONS COOPERATIVE	
Signature of Authorized Officer or employee:	**Levi Bappe** Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=levi@huxleycommunications.net,O=huxley communications cooperative,l=Huxley IA 50124-0036, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Levi Bappe	
Title or position of Authorized Officer or employee:	General Manager and Excutive VP	
Telephone number of Authorized Officer or employee:	515-597-2281	

Study Area Code of Reporting Carrier	351205		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	IAMO COMM - IA	
Signature of Authorized Officer or employee:	**Tim Toepfer** Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=ttoepfer@iamo.tel,O=iamo communications, inc.-ia,l= , Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Tim Toepfer	
Title or position of Authorized Officer or employee:	CEO & General Manage	
Telephone number of Authorized Officer or employee:	712-583-3232	

Study Area Code of Reporting Carrier	351206		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	FMTC-I35, INC.
Signature of Authorized Officer or employee:	**Josh Hveem** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Josh Hveem
Title or position of Authorized Officer or employee:	COO
Telephone number of Authorized Officer or employee:	641-765-4201

Study Area Code of Reporting Carrier	351209		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	JORDAN SOLDIERVALLEY		
Signature of Authorized Officer or employee:	**Paul Bergmann** Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=pbergmann@longlines.biz,O=jordan soldier valley telephone company,l= Sergeant Bluff IA 51054, Date:5/19/2022	Date:	5/19/2022
Printed name of Authorized Officer or employee:	Paul Bergmann		
Title or position of Authorized Officer or employee:	President		
Telephone number of Authorized Officer or employee:	712-271-5535		

Study Area Code of Reporting Carrier	351213		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	KALONA COOP. TEL. CO.
Signature of Authorized Officer or employee:	**Casey Peck** 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:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Casey Peck
Title or position of Authorized Officer or employee:	General Manager/CFO
Telephone number of Authorized Officer or employee:	319-656-3668

Study Area Code of Reporting Carrier	351214		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	KEYSTONE FRMS. COOP. TEL. CO.	
Signature of Authorized Officer or employee:	**Byran Kimm** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Byran Kimm	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	319-442-3241	

Study Area Code of Reporting Carrier	351217		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LA PORTE CITY TEL. CO.	
Signature of Authorized Officer or employee:	**Chris Hopp** Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel. co.,l=Elkader IA 52043, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Chris Hopp	
Title or position of Authorized Officer or employee:	Chief Operations Officer	
Telephone number of Authorized Officer or employee:	563-245-4480	

Study Area Code of Reporting Carrier	351220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LA MOTTE TEL CO
Signature of Authorized Officer or employee:	**JoAnne Gregorich** Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel. co., inc.,l=LaMotte IA 52054, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	JoAnne Gregorich
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	563-773-2213

Study Area Code of Reporting Carrier	351222		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LEHIGH VALLEY COOP. TEL. ASSN.	
Signature of Authorized Officer or employee:	**Jim Suchan** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Jim Suchan	
Title or position of Authorized Officer or employee:	Chief Executive Officer	
Telephone number of Authorized Officer or employee:	515-359-2211	

Study Area Code of Reporting Carrier	351225		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LONE ROCK COOP. TEL. CO.	
Signature of Authorized Officer or employee:	**Dan Meyer** Digitally signed by Dan Meyer DN:cn=Dan Meyer,email=office@lonerocktel.com,O=lone rock coop. tel. co.,l=Lone Rock IA 50559-0278, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Dan Meyer	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	515-925-3271	

Study Area Code of Reporting Carrier	351228		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LOST NATION-ELWOOD TEL. CO.
Signature of Authorized Officer or employee:	**Jan Muhl** Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood tel. co.,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Jan Muhl
Title or position of Authorized Officer or employee:	General Manager/CEO
Telephone number of Authorized Officer or employee:	563-678-2470

Study Area Code of Reporting Carrier	351229		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: NORTHEAST IOWA TEL. CO.		
Signature of Authorized Officer or employee: **David Byers** Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=northeast iowa tel. co.,l=Monona IA 52159-0835, Date:5/18/2022		Date: 5/18/2022
Printed name of Authorized Officer or employee: David Byers		
Title or position of Authorized Officer or employee: COO/Assistant Secretary		
Telephone number of Authorized Officer or employee: 563-539-2122		

Study Area Code of Reporting Carrier	351230		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LYNNVILLE TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Christopher Ulmer** Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=lynnville telephone company,l= , Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Christopher Ulmer	
Title or position of Authorized Officer or employee:	Manager	
Telephone number of Authorized Officer or employee:	610-928-3903	

Study Area Code of Reporting Carrier	351232		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 COOPERATIVE TEL CO (MANILLA)
Signature of Authorized Officer or employee:	**Thomas Conry** 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:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Thomas Conry
Title or position of Authorized Officer or employee:	General Manager/CEO
Telephone number of Authorized Officer or employee:	712-744-3131

Study Area Code of Reporting Carrier	351235		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL. CO.	
Signature of Authorized Officer or employee:	**Rachel Hamilton** Digitally signed by Rachel Hamilton DN:cn=Rachel Hamilton,email=rachel@metcteam.com,O=marne & elk horn tel. co.,l=Walnut IA 51577, Date:6/10/2022	Date: 6/10/2022
Printed name of Authorized Officer or employee:	Rachel Hamilton	
Title or position of Authorized Officer or employee:	CEO	
Telephone number of Authorized Officer or employee:	712-784-2211	

Study Area Code of Reporting Carrier	351237		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MARTELLE COOP ASSN	
Signature of Authorized Officer or employee:	**Hans Arwine** Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop. tel. assn.,l=Mechanicsville IA 52306, Date:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	Hans Arwine	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	563-432-7221	

Study Area Code of Reporting Carrier	351238		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MASSENA TEL. CO.	
Signature of Authorized Officer or employee:	**Mike Klocke** Digitally signed by Mike Klocke DN:cn=Mike Klocke,email=mike@massenatelephone.com,O=massena tel. co.,l=Massena IA 50853, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Mike Klocke	
Title or position of Authorized Officer or employee:	General Manager/CEO	
Telephone number of Authorized Officer or employee:	712-779-2227	

Study Area Code of Reporting Carrier	351239		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MECHANICSVILLE TEL
Signature of Authorized Officer or employee:	**Hans Arwine** Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop. tel. assn.,l=Mechanicsville IA 52306, Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	Hans Arwine
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	563-432-7221

Study Area Code of Reporting Carrier	351241		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Miles Cooperative Telephone Association		
Signature of authorized officer		Date	5/26/2022
Printed name of authorized officer	Scott Beahde		
Title or position of authorized officer	General Manager / Compliance Officer		
Telephone number of authorized officer:	563 668 7111 ext.		
Study Area Code of Reporting Carrier	351242	Filing Due Date for this form (mm/dd/yyyy)	June 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.

CAF ICC Data Reports.

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:	MINBURN TEL CO	
Signature of Authorized Officer or employee:	**Debra Lucht** Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecommunications, inc.,l=Minburn IA 50167, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Debra Lucht	
Title or position of Authorized Officer or employee:	General Manager/CEO	
Telephone number of Authorized Officer or employee:	515-677-2264	

Study Area Code of Reporting Carrier	351245		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MINERVA VALLEY TEL. CO., INC.
Signature of Authorized Officer or employee:	**Mary Phillips** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Mary Phillips
Title or position of Authorized Officer or employee:	Business Manager
Telephone number of Authorized Officer or employee:	641-487-7399

Study Area Code of Reporting Carrier	351246		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MODERN COOP. TEL. CO.
Signature of Authorized Officer or employee:	**Brenda Bowman** Digitally signed by Brenda Bowman DN:cn=Brenda Bowman,email=mctcfone@netins.net,O=modern coop. tel. co.,l=South English IA 52335, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Brenda Bowman
Title or position of Authorized Officer or employee:	Assistant Manager/CFO
Telephone number of Authorized Officer or employee:	319-667-2375

Study Area Code of Reporting Carrier	351247		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MUTUAL TEL. CO. OF MORNING SUN	
Signature of Authorized Officer or employee:	**Randy Foor** 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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Randy Foor	
Title or position of Authorized Officer or employee:	Executive Vice President	
Telephone number of Authorized Officer or employee:	319-868-7636	

Study Area Code of Reporting Carrier	351250		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MEDIAPOLIS TEL. CO.	
Signature of Authorized Officer or employee:	**Angie Rupe** Digitally signed by Angie Rupe DN:cn=Angie Rupe,email=arupe@mepotelco.net,O=mediapolis tel. co.,l=Mediapolis IA 52637, Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Angie Rupe	
Title or position of Authorized Officer or employee:	Office Manager & CFO	
Telephone number of Authorized Officer or employee:	319-394-3456	

Study Area Code of Reporting Carrier	351251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTH ENGLISH COOP. TEL. CO.
Signature of Authorized Officer or employee:	**Reed Ostenberg** 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:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Reed Ostenberg
Title or position of Authorized Officer or employee:	COO
Telephone number of Authorized Officer or employee:	319-664-3821

Study Area Code of Reporting Carrier	351257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTHWEST IOWA TEL	
Signature of Authorized Officer or employee:	**Paul Bergmann** Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=pbergmann@longlines.biz,O=jordan soldier valley telephone company,l= Sergeant Bluff IA 51054, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Paul Bergmann	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	712-271-5535	

Study Area Code of Reporting Carrier	351260		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTHWEST COMM COOP	
Signature of Authorized Officer or employee:	**Donald Miller** Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest comm. coop. assn.,l= , Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Donald Miller	
Title or position of Authorized Officer or employee:	CEO	
Telephone number of Authorized Officer or employee:	712-776-2222	

Study Area Code of Reporting Carrier	351261		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	COMM 1 NETWORK	
Signature of Authorized Officer or employee:	**Randy Yeakel** Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=communications 1 network, inc.,l=Kanawha IA 50447, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Randy Yeakel	
Title or position of Authorized Officer or employee:	President/CEO	
Telephone number of Authorized Officer or employee:	641-762-3772	

Study Area Code of Reporting Carrier	351262		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	OGDEN TEL. CO.-IA	
Signature of Authorized Officer or employee:	**James Heckman** Digitally signed by James Heckman DN:cn=James Heckman,email=jheckman@ogdentc.com,O=ogden tel. co.-ia,l=Ogden IA 50212, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	James Heckman	
Title or position of Authorized Officer or employee:	General Manager / Executive VP	
Telephone number of Authorized Officer or employee:	515-275-2050	

Study Area Code of Reporting Carrier	351263		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	OLIN TEL. CO., INC.
Signature of Authorized Officer or employee:	**Frank Wood** Digitally signed by Frank Wood DN:cn=Frank Wood,email=olintel@netins.net,O=olin tel. co., inc.,l=Olin IA 52320-0130, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Frank Wood
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	319-484-2200

Study Area Code of Reporting Carrier	351264		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ONSLOW COOP. TEL. ASSN.	
Signature of Authorized Officer or employee:	**Russ Benke** Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=onslow coop. tel. assn.,l=Onslow IA 52321, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Russ Benke	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	563-485-2833	

Study Area Code of Reporting Carrier	351265		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ORAN MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**Barb Gruetzmacher** Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel. co.,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Barb Gruetzmacher
Title or position of Authorized Officer or employee:	Secretary-Treasurer
Telephone number of Authorized Officer or employee:	319-638-6006

Study Area Code of Reporting Carrier	351266		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PALO COOPERATIVE TELEPHONE ASSOCIATION	
Signature of Authorized Officer or employee:	**Erin Petersen** Digitally signed by Erin Petersen DN:cn=Erin Petersen,email=palomanager@netins.net,O=palo cooperative telephone association,l=Palo IA 52324, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Erin Petersen	
Title or position of Authorized Officer or employee:	CEO/General Manager	
Telephone number of Authorized Officer or employee:	319-851-3431	

Study Area Code of Reporting Carrier	351269		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PALMER MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**Andy Peterson** Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel. co.,l=Palmer IA 50571, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Andy Peterson
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	712-359-2411

Study Area Code of Reporting Carrier	351270		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PANORA COMMUNICATIONS COOPERATIVE	
Signature of Authorized Officer or employee:	**Andrew Randol** Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora communications cooperative,l=Panora IA 50216, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Andrew Randol	
Title or position of Authorized Officer or employee:	Chief Executive Officer	
Telephone number of Authorized Officer or employee:	641-755-2424	

Study Area Code of Reporting Carrier	351271		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier:	PEOPLES TEL CO - IA
Signature of Authorized Officer or employee:	**Curt Kawlewski** Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=peoples tel. co.-ia,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Curt Kawlewski
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	507-233-4172

Study Area Code of Reporting Carrier	351273		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PRAIRIEBURG TEL CO	
Signature of Authorized Officer or employee:	**Dean Pennello** Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=prairieburg tel. co., inc.,l=Lawton OK 73502, Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Dean Pennello	
Title or position of Authorized Officer or employee:	Chief Financial Officer	
Telephone number of Authorized Officer or employee:	580-529-5000	

Study Area Code of Reporting Carrier	351275		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PRESTON TEL. CO.
Signature of Authorized Officer or employee:	**MaryBeth Heister** Digitally signed by MaryBeth Heister DN:cn=MaryBeth Heister,email=rogerak@prestontel.com,O=preston tel. co.,l=Preston IA 52069-0167, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	MaryBeth Heister
Title or position of Authorized Officer or employee:	Secretary-Treasurer
Telephone number of Authorized Officer or employee:	563-689-3811

Study Area Code of Reporting Carrier	351276		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RADCLIFFE TEL. CO., INC.	
Signature of Authorized Officer or employee:	**Edwin Drake** Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@radcliffetelephone.com,O=radcliffe tel. co., inc.,l=Radcliffe IA 50230-0140, Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Edwin Drake	
Title or position of Authorized Officer or employee:	Manager	
Telephone number of Authorized Officer or employee:	515-899-2341	

Study Area Code of Reporting Carrier	351277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RINGSTED TEL. CO.
Signature of Authorized Officer or employee:	**Aaron McCartan** Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.com,O=ringsted tel. co.,l=Ringsted IA 50578, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Aaron McCartan
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	712-866-8000

Study Area Code of Reporting Carrier	351280		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ROCKWELL COOP. TEL. ASSN.
Signature of Authorized Officer or employee:	**David Severin** Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop. tel. assn.,l=Rockwell IA 50469, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	David Severin
Title or position of Authorized Officer or employee:	General Mgr/Assist Secretary-Treasurer
Telephone number of Authorized Officer or employee:	641-822-3212

Study Area Code of Reporting Carrier	351282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: ROYAL TEL. CO.		
Signature of Authorized Officer or employee: **John Noah** Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel. co.,l=Royal IA 51357, Date:5/18/2022		Date: 5/18/2022
Printed name of Authorized Officer or employee: John Noah		
Title or position of Authorized Officer or employee: General Manager/CCO		
Telephone number of Authorized Officer or employee: 712-933-2615		

Study Area Code of Reporting Carrier	351283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	BLUTHENEN TELEPHONE EXCHANGE				
Signature of authorized officer	[signature]			Date	6/26/22
Printed name of authorized officer	IVAN DAHEN				
Title or position of authorized officer	GM				
Telephone number of authorized officer:	(712) 859 3300	ext.			
Study Area Code of Reporting Carrier	351284		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	SAC COUNTY MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**Ronald Sorensen** 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:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Ronald Sorensen
Title or position of Authorized Officer or employee:	Compliance Officer
Telephone number of Authorized Officer or employee:	712-668-2200

Study Area Code of Reporting Carrier	351285		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SCHALLER TEL. CO.
Signature of Authorized Officer or employee:	**Missy Kestel** Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel. co.,l=Schaller IA 51053, Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Missy Kestel
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	712-275-4211

Study Area Code of Reporting Carrier	351291		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SEARSBORO TEL. CO.
Signature of Authorized Officer or employee:	**Christopher Ulmer** Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=searsboro tel. co.,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Christopher Ulmer
Title or position of Authorized Officer or employee:	Manager
Telephone number of Authorized Officer or employee:	610-928-3903

Study Area Code of Reporting Carrier	351292		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: SHARON TEL. CO.		
Signature of Authorized Officer or employee: **Scott Havel**	Digitally signed by Scott Havel DN:cn=Scott Havel,email=sharontc@sharontc.net,O=sharon tel. co.,l=Hills IA 52235, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee: Scott Havel		
Title or position of Authorized Officer or employee: General manager		
Telephone number of Authorized Officer or employee: 319-679-2211		

Study Area Code of Reporting Carrier	351293		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SCRANTON TEL. CO.
Signature of Authorized Officer or employee:	**Allen Jacob** Digitally signed by Allen Jacob DN:cn=Allen Jacob,email=allenjacob@netins.net,O=scranton tel. co.,l=Scranton IA 51462, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Allen Jacob
Title or position of Authorized Officer or employee:	Manager
Telephone number of Authorized Officer or employee:	712-652-3355

Study Area Code of Reporting Carrier	351294		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SOUTH SLOPE COOP. TEL. CO.	
Signature of Authorized Officer or employee:	**Chuck Deisbeck** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Chuck Deisbeck	
Title or position of Authorized Officer or employee:	CEO	
Telephone number of Authorized Officer or employee:	319-626-2211	

Study Area Code of Reporting Carrier	351298		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	FMTC-I35 (SWT)	
Signature of Authorized Officer or employee:	**Josh Hveem** 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:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Josh Hveem	
Title or position of Authorized Officer or employee:	COO	
Telephone number of Authorized Officer or employee:	641-765-4201	

Study Area Code of Reporting Carrier	351301		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SPRINGVILLE COOP. TEL. ASSN.	
Signature of Authorized Officer or employee:	**Jean Schilling** Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvl@netins.net,O=springville coop. tel. assn.,l=Springville IA 52336-0009, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Jean Schilling	
Title or position of Authorized Officer or employee:	Office Manager	
Telephone number of Authorized Officer or employee:	319-854-6107	

Study Area Code of Reporting Carrier	351302		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Cooperative Telephone Exchange				
Signature of authorized officer	[signature]			Date	5-25-22
Printed name of authorized officer	Bradley Schmidt				
Title or position of authorized officer	President				
Telephone number of authorized officer:	(515) 826-3206 ext.				
Study Area Code of Reporting Carrier	351303		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	SOUTH SLOPE COOP TEL CO-SWISHER	
Signature of Authorized Officer or employee:	**Chuck Deisbeck** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Chuck Deisbeck	
Title or position of Authorized Officer or employee:	CEO	
Telephone number of Authorized Officer or employee:	319-626-2211	

Study Area Code of Reporting Carrier	351304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	STRATFORD MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**Jen Frank** Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel. co.,l=Stratford IA 50249, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Jen Frank
Title or position of Authorized Officer or employee:	Assistant Secretary/Office Manager
Telephone number of Authorized Officer or employee:	515-838-2390

Study Area Code of Reporting Carrier	351305		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SULLY TEL. ASSOC.		
Signature of Authorized Officer or employee:	**Earl "Jack" De Angelo**	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:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Earl "Jack" De Angelo		
Title or position of Authorized Officer or employee:	General Manager		
Telephone number of Authorized Officer or employee:	641-594-2905		

Study Area Code of Reporting Carrier	351306		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SUPERIOR TEL. COOP.	
Signature of Authorized Officer or employee:	**Cheryl Noble** Digitally signed by Cheryl Noble DN:cn=Cheryl Noble,email=cnoble@netins.net,O=superior tel. coop.,l=Superior IA 51363, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Cheryl Noble	
Title or position of Authorized Officer or employee:	Office Manager	
Telephone number of Authorized Officer or employee:	712-858-4591	

Study Area Code of Reporting Carrier	351307		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TEMPLETON TEL. CO.
Signature of Authorized Officer or employee:	**Joe Behrens** Digitally signed by Joe Behrens DN:cn=Joe Behrens,email=joebehrens2@netins.net,O=templeton tel. co.,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Joe Behrens
Title or position of Authorized Officer or employee:	Board Secretary/Treasurer
Telephone number of Authorized Officer or employee:	712-669-3311

Study Area Code of Reporting Carrier	351308		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TERRIL TELEPHONE COOPERATIVE	
Signature of Authorized Officer or employee:	**John Noah** Digitally signed by John Noah DN:cn=John Noah,email=jnoah@terril.com,O=terril telephone cooperative,l=Terril IA 51364, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	John Noah	
Title or position of Authorized Officer or employee:	General Manager/CCO	
Telephone number of Authorized Officer or employee:	712-853-1300	

Study Area Code of Reporting Carrier	351309		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TITONKA TEL. CO. DBA TITONKA-BURT COMM
Signature of Authorized Officer or employee:	**Aaron McCartan** 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:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Aaron McCartan
Title or position of Authorized Officer or employee:	Manager
Telephone number of Authorized Officer or employee:	515-928-2110

Study Area Code of Reporting Carrier	351310		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	UNITED FARMERS TEL. CO.
Signature of Authorized Officer or employee:	**Roxanne White** Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel. co.,l=Everly IA 51338, Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Roxanne White
Title or position of Authorized Officer or employee:	Executive Vice President
Telephone number of Authorized Officer or employee:	712-834-2211

Study Area Code of Reporting Carrier	351316		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	VAN BUREN TEL. CO., INC.
Signature of Authorized Officer or employee:	**Monte Hagge** Digitally signed by Monte Hagge DN:cn=Monte Hagge,email=montehagge@netins.net,O=van buren tel. co., inc.,l= , Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Monte Hagge
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	319-293-3187

Study Area Code of Reporting Carrier	351319		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	VAN HORNE COOP. TEL. CO.
Signature of Authorized Officer or employee:	**Kerry Less** Digitally signed by Kerry Less DN:cn=Kerry Less,email=vanhorne@netins.net,O=van horne coop. tel. co.,l=Van Horne IA 52346-0096, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Kerry Less
Title or position of Authorized Officer or employee:	CFO - Chief Financial Officer
Telephone number of Authorized Officer or employee:	319-228-8791

Study Area Code of Reporting Carrier	351320		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	VENTURA TEL. CO., INC.
Signature of Authorized Officer or employee:	**Thomas Lovell** Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@cltel.com,O=ventura tel. co., inc.,l=Clear Lake IA 50428-0066, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Thomas Lovell
Title or position of Authorized Officer or employee:	General Manager/Vice President
Telephone number of Authorized Officer or employee:	641-357-2111

Study Area Code of Reporting Carrier	351322		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WEBSTER-CALHOUN COOP. TEL. ASSN.
Signature of Authorized Officer or employee:	**Daryl Carlson** Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=darylc@wccta.com,O=webster-calhoun coop. tel. assn.,l=Gowrie IA 50543-0475, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Daryl Carlson
Title or position of Authorized Officer or employee:	Executive Vice President/General Manager
Telephone number of Authorized Officer or employee:	515-352-3151

Study Area Code of Reporting Carrier	351328		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WELLMAN COOP. TEL. ASSN.
Signature of Authorized Officer or employee:	**Dion Schminke** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Dion Schminke
Title or position of Authorized Officer or employee:	General Manager, COO
Telephone number of Authorized Officer or employee:	319-646-6075

Study Area Code of Reporting Carrier	351329		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 IOWA TEL. CO.
Signature of Authorized Officer or employee:	**Robert Gannon** Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel. co.,l=Remsen IA 51050-0330, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Robert Gannon
Title or position of Authorized Officer or employee:	Chief Executive Officer
Telephone number of Authorized Officer or employee:	712-786-5572

Study Area Code of Reporting Carrier	351331		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL. ASSN.
Signature of Authorized Officer or employee:	**Heath Mallory** Digitally signed by Heath Mallory DN:cn=Heath Mallory,email=heath.mallory@wiatel.com,O=western iowa tel. assn.,l=Lawton IA 51030-0038, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Heath Mallory
Title or position of Authorized Officer or employee:	Chief Executive Officer
Telephone number of Authorized Officer or employee:	712-944-5711

Study Area Code of Reporting Carrier	351334		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WESTSIDE INDEPENDENT
Signature of Authorized Officer or employee:	**Kevin Skinner** Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Kevin Skinner
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	712-673-2311

Study Area Code of Reporting Carrier	351335		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WILTON TEL. CO.
Signature of Authorized Officer or employee:	**Mark Peterson** Digitally signed by Mark Peterson DN:cn=Mark Peterson,email=mwp@wtccommunications.com,O=wilton tel. co.,l=Wilton IA 52778-0970, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Mark Peterson
Title or position of Authorized Officer or employee:	President/CEO
Telephone number of Authorized Officer or employee:	563-732-3000

Study Area Code of Reporting Carrier	351336		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WOOLSTOCK MUT. TEL. ASSN.	
Signature of Authorized Officer or employee:	**Chris Simmons** Digitally signed by Chris Simmons DN:cn=Chris Simmons,email=chris@wmtel.net,O=woolstock mut. tel. assn.,l= , Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Chris Simmons	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	515-839-5571	

Study Area Code of Reporting Carrier	351342		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WYOMING MUTUAL TEL. CO.
Signature of Authorized Officer or employee:	**Kelly Brodersen** Digitally signed by Kelly Brodersen DN:cn=Kelly Brodersen,email=wyoming@netins.net,O=wyoming mutual tel. co.,l=Wyoming IA 52362, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Kelly Brodersen
Title or position of Authorized Officer or employee:	Board Secretary/Office Manager
Telephone number of Authorized Officer or employee:	563-488-2535

Study Area Code of Reporting Carrier	351343		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PRAIRIE TEL CO
Signature of Authorized Officer or employee:	**Kevin Skinner** Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Kevin Skinner
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	712-673-2311

Study Area Code of Reporting Carrier	351344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ALLIANCE COMM. COOPERATIVE, INC.-HILLS IA		
Signature of Authorized Officer or employee:	**Kari Flanagan**	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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Kari Flanagan		
Title or position of Authorized Officer or employee:	CFO		
Telephone number of Authorized Officer or employee:	605-594-8228		

Study Area Code of Reporting Carrier	351405		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	KILLDUFF TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Christopher Ulmer** Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=killduff telephone company,l= , Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Christopher Ulmer	
Title or position of Authorized Officer or employee:	Manager	
Telephone number of Authorized Officer or employee:	610-928-3903	

Study Area Code of Reporting Carrier	351407		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MABEL COOP TEL-IA
Signature of Authorized Officer or employee:	**Julie Kolka** Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop. tel. co.-ia,l=Mabel MN 55954, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Julie Kolka
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	507-493-5411

Study Area Code of Reporting Carrier	351424		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ACE TEL ASSN-MN
Signature of Authorized Officer or employee:	**Michael Osborne** Digitally signed by Michael Osborne DN:cn=Michael Osborne,email=mosborne@acentek.net,O=ace tel. assn.-mn,l=Houston MN 55943, Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Michael Osborne
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	616-892-0123

Study Area Code of Reporting Carrier	361346		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ALBANY MUTUAL TEL. ASSN., INC.
Signature of Authorized Officer or employee:	**Steven Katka** Digitally signed by Steven Katka DN:cn=Steven Katka,email=steve.katka@albanytel.net,O=albany mutual tel. assn., inc.,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Steven Katka
Title or position of Authorized Officer or employee:	General Manager/CEO
Telephone number of Authorized Officer or employee:	320-845-2101

Study Area Code of Reporting Carrier	361347		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WILDERNESS VALLEY	
Signature of Authorized Officer or employee:	**Shane Young** Digitally signed by Shane Young DN:cn=Shane Young,email=Shane@northerntelephone.net,O=wilderness valley telephone company, inc.,l= , Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Shane Young	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	218-488-6565	

Study Area Code of Reporting Carrier	361348		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CITY OF BARNESVILLE TEL. CO.
Signature of Authorized Officer or employee:	**Guy Swenson** Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=tecmanager@barnesvillemn.com,O=city of barnesville tel. co.,l=Barnesville MN 56514, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Guy Swenson
Title or position of Authorized Officer or employee:	TEC Manager
Telephone number of Authorized Officer or employee:	218-354-2292

Study Area Code of Reporting Carrier	361353		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BENTON COOP. TEL. CO.
Signature of Authorized Officer or employee:	**Cheryl Scapanski** Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop. tel. co.,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Cheryl Scapanski
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	320-393-2115

Study Area Code of Reporting Carrier	361356		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CALLAWAY TEL CO
Signature of Authorized Officer or employee:	**Staci Malikowski** Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Staci Malikowski
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	218-346-8498

Study Area Code of Reporting Carrier	361365		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CLARA CITY TEL EXCH	
Signature of Authorized Officer or employee:	**Bruce Hanson** Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l= , Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Bruce Hanson	
Title or position of Authorized Officer or employee:	Treasurer	
Telephone number of Authorized Officer or employee:	320-847-2211	

Study Area Code of Reporting Carrier	361370		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CLEMENTS TEL CO
Signature of Authorized Officer or employee:	**Staci Malikowski** Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Staci Malikowski
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	218-346-8498

Study Area Code of Reporting Carrier	361372		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL. CO.-MN
Signature of Authorized Officer or employee:	**Greg Springer** Digitally signed by Greg Springer DN:cn=Greg Springer,email=greg@goctc.com,O=consolidated tel. co.-mn,l=Brainerd MN 56401, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Greg Springer
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	218-454-1128

Study Area Code of Reporting Carrier	361373		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DUNNELL TEL CO
Signature of Authorized Officer or employee:	**Charles Mattingly** Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=dunnell tel. co., inc.,l=Judson TX 75660, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Charles Mattingly
Title or position of Authorized Officer or employee:	Managing Member
Telephone number of Authorized Officer or employee:	903-663-0099

Study Area Code of Reporting Carrier	361381		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	EMILY COOP. TEL. CO.	
Signature of Authorized Officer or employee:	**Josh Netland** Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop. tel. co.,l=Emily MN 56447, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Josh Netland	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	218-763-3000	

Study Area Code of Reporting Carrier	361387		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL. CO.-BELLINGHAM
Signature of Authorized Officer or employee:	**Kevin Beyer** Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel. co.-bellingham,l= , Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Kevin Beyer
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	320-568-2105

Study Area Code of Reporting Carrier	361389		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	FEDERATED TEL COOP
Signature of Authorized Officer or employee:	**Kevin Beyer** Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel. coop.,l=Chokio MN 56221, Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Kevin Beyer
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	320-324-7111

Study Area Code of Reporting Carrier	361390		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	CARDEN VALLEY TELEPHONE				
Signature of authorized officer			Date	5/25/2022	
Printed name of authorized officer	STEVE MUELLER				
Title or position of authorized officer	CFO				
Telephone number of authorized officer:	218 687-0210 ( ) - , ext.				
Study Area Code of Reporting Carrier	361395		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	GARDONVILLE COOP. TEL. ASSN.	
Signature of Authorized Officer or employee:	**David Wolf** Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop. tel. assn.,l= , Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	David Wolf	
Title or position of Authorized Officer or employee:	CEO and General Manager	
Telephone number of Authorized Officer or employee:	320-524-2211	

Study Area Code of Reporting Carrier	361396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HALSTAD TEL. CO.
Signature of Authorized Officer or employee:	**Mark Forseth** Digitally signed by Mark Forseth DN:cn=Mark Forseth ,email=markforseth@rrv.net,O=halstad tel. co.,l=Halstad MN 56548-0055, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Mark Forseth
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	218-456-2125

Study Area Code of Reporting Carrier	361401		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	FEDERATED TEL COOP
Signature of Authorized Officer or employee:	**Kevin Beyer** Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel. coop.,l=Chokio MN 56221, Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Kevin Beyer
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	320-324-7111

Study Area Code of Reporting Carrier	361403		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HARMONY TEL CO	
Signature of Authorized Officer or employee:	**Jill Huffman** Digitally signed by Jill Huffman DN:cn=Jill Huffman,email=jill@sgc-coop.com,O=harmony telephone company, llc,l=Spring Grove MN 55974-0516, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Jill Huffman	
Title or position of Authorized Officer or employee:	CEO/General Manager	
Telephone number of Authorized Officer or employee:	507-498-3456	

Study Area Code of Reporting Carrier	361404		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ALLIANCE COMM. COOPERATIVE, INC.-HILLS MN	
Signature of Authorized Officer or employee:	**Kari Flanagan** 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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Kari Flanagan	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	605-594-8228	

Study Area Code of Reporting Carrier	361405		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HOME TEL CO - MN
Signature of Authorized Officer or employee:	**Staci Malikowski** Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Staci Malikowski
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	218-346-8498

Study Area Code of Reporting Carrier	361408		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HUTCHINSON TEL CO
Signature of Authorized Officer or employee:	**Curt Kawlewski** Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=peoples tel. co.-ia,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Curt Kawlewski
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	507-233-4172

Study Area Code of Reporting Carrier	361409		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	JOHNSON TELEPHONE COMPANY
Signature of Authorized Officer or employee:	**Donna Gunderson** Digitally signed by Donna Gunderson DN:cn=Donna Gunderson,email=jtcbusiness@jtc-co.net,O=johnson telephone company,l=Remer MN 56672, Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Donna Gunderson
Title or position of Authorized Officer or employee:	Corporate Secretary
Telephone number of Authorized Officer or employee:	218-566-2302

Study Area Code of Reporting Carrier	361410		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	KASSON & MANTORVILLE TEL. CO.
Signature of Authorized Officer or employee:	**Beth Tollefson** Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson & mantorville tel. co.,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Beth Tollefson
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	507-634-2511

Study Area Code of Reporting Carrier	361412		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LISMORE COOPERATIVE TELEPHONE CO.	
Signature of Authorized Officer or employee:	**Tarri Joens** Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretele.com,O=lismore cooperative telephone co.,l=Lismore MN 56155-0127, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Tarri Joens	
Title or position of Authorized Officer or employee:	Office Manager	
Telephone number of Authorized Officer or employee:	507-472-8748	

Study Area Code of Reporting Carrier	361419		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RUNESTONE TEL ASSN	
Signature of Authorized Officer or employee:	**Kent Hedstrom** Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent@runestone.net,O=runestone telephone association,l=Hoffman MN 56339-0336, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Kent Hedstrom	
Title or position of Authorized Officer or employee:	Chief Executive Officer	
Telephone number of Authorized Officer or employee:	320-986-2013	

Study Area Code of Reporting Carrier	361423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MABEL COOP TEL - MN
Signature of Authorized Officer or employee:	**Julie Kolka** Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop. tel. co.-ia,l=Mabel MN 55954, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Julie Kolka
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	507-493-5411

Study Area Code of Reporting Carrier	361424		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CHRISTENSEN COMMUNICATIONS COMPANY
Signature of Authorized Officer or employee:	**Brent Christensen** Digitally signed by Brent Christensen DN:cn=Brent Christensen,email=brentc@chriscomco.net,O=christensen communications company,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Brent Christensen
Title or position of Authorized Officer or employee:	President/CEO
Telephone number of Authorized Officer or employee:	507-642-5514

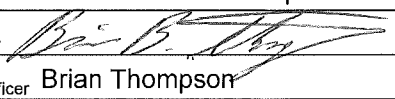
Study Area Code of Reporting Carrier	361425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	5/20/2022
Printed name of authorized officer	Brian Thompson				
Title or position of authorized officer	President				
Telephone number of authorized officer:	(507) 826-3212 ext.				
Study Area Code of Reporting Carrier	361426		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	MELROSE TEL CO
Signature of Authorized Officer or employee:	**Staci Malikowski** Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Staci Malikowski
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	218-346-8498

Study Area Code of Reporting Carrier	361430		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MIDWEST TEL CO
Signature of Authorized Officer or employee:	**Staci Malikowski** Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Staci Malikowski
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	218-346-8498

Study Area Code of Reporting Carrier	361431		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MINNESOTA VALLEY TEL	
Signature of Authorized Officer or employee:	**Danny Busche** Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=minnesota valley tel. co. inc.,l=Franklin MN 55333, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Danny Busche	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	507-557-2275	

Study Area Code of Reporting Carrier	361439		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NUVERA COMM.
Signature of Authorized Officer or employee:	**Curt Kawlewski** Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=peoples tel. co.-ia,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Curt Kawlewski
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	507-233-4172

Study Area Code of Reporting Carrier	361442		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LORETEL SYSTEMS, INC
Signature of Authorized Officer or employee:	**Staci Malikowski** Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Staci Malikowski
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	218-346-8498

Study Area Code of Reporting Carrier	361443		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PARK REGION MUTUAL
Signature of Authorized Officer or employee:	**Dave Bickett** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Dave Bickett
Title or position of Authorized Officer or employee:	General Manager/CEO
Telephone number of Authorized Officer or employee:	218-826-6161

Study Area Code of Reporting Carrier	361450		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PAUL BUNYAN RURAL TEL. COOP.	
Signature of Authorized Officer or employee:	**Dave Schultz** Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural tel. coop.,l= , Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Dave Schultz	
Title or position of Authorized Officer or employee:	Chief Financial Officer	
Telephone number of Authorized Officer or employee:	218-444-1141	

Study Area Code of Reporting Carrier	361451		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	REDWOOD COUNTY TEL
Signature of Authorized Officer or employee:	**Staci Malikowski** Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Staci Malikowski
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	218-346-8498

Study Area Code of Reporting Carrier	361472		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ROTHSAY TEL CO, INC
Signature of Authorized Officer or employee:	**Dave Bickett** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Dave Bickett
Title or position of Authorized Officer or employee:	General Manager/CEO
Telephone number of Authorized Officer or employee:	218-826-6161

Study Area Code of Reporting Carrier	361474		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RUNESTONE TEL ASSN		
Signature of Authorized Officer or employee:	**Kent Hedstrom**	Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent@runestone.net,O=runestone telephone association,l=Hoffman MN 56339-0336, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Kent Hedstrom		
Title or position of Authorized Officer or employee:	Chief Executive Officer		
Telephone number of Authorized Officer or employee:	320-986-2013		

Study Area Code of Reporting Carrier	361475		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SACRED HEART TEL CO
Signature of Authorized Officer or employee:	**Bruce Hanson** Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l= , Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Bruce Hanson
Title or position of Authorized Officer or employee:	Treasurer
Telephone number of Authorized Officer or employee:	320-847-2211

Study Area Code of Reporting Carrier	361476		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SCOTT RICE TEL CO
Signature of Authorized Officer or employee:	**Curt Kawlewski** Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=peoples tel. co.-ia,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Curt Kawlewski
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	507-233-4172

Study Area Code of Reporting Carrier	361479		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SLEEPY EYE TEL CO
Signature of Authorized Officer or employee:	**Curt Kawlewski** Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=peoples tel. co.-ia,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Curt Kawlewski
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	507-233-4172

Study Area Code of Reporting Carrier	361483		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SPRING GROVE COMM.	
Signature of Authorized Officer or employee:	**Jill Huffman** Digitally signed by Jill Huffman DN:cn=Jill Huffman,email=jill@sgc-coop.com,O=harmony telephone company, llc,l=Spring Grove MN 55974-0516, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Jill Huffman	
Title or position of Authorized Officer or employee:	CEO/General Manager	
Telephone number of Authorized Officer or employee:	507-498-3456	

Study Area Code of Reporting Carrier	361485		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	STARBUCK TEL CO	
Signature of Authorized Officer or employee:	**Bruce Hanson** Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l= , Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Bruce Hanson	
Title or position of Authorized Officer or employee:	Treasurer	
Telephone number of Authorized Officer or employee:	320-847-2211	

Study Area Code of Reporting Carrier	361487		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	UPSALA COOPERATIVE TELEPHONE ASSN.	
Signature of Authorized Officer or employee:	**Tony Gebhard** Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala cooperative telephone assn.,l=Upsala MN 56384, Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Tony Gebhard	
Title or position of Authorized Officer or employee:	CEO/General Manager	
Telephone number of Authorized Officer or employee:	320-573-1390	

Study Area Code of Reporting Carrier	361494		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	VALLEY TEL CO - MN
Signature of Authorized Officer or employee:	**Dave Bickett** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Dave Bickett
Title or position of Authorized Officer or employee:	General Manager/CEO
Telephone number of Authorized Officer or employee:	218-826-6161

Study Area Code of Reporting Carrier	361495		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TRI-CO TECHNOLOGIES, LLC DBA CROSSLAKE COMM.
Signature of Authorized Officer or employee:	**Josh Netland** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Josh Netland
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	218-763-3000

Study Area Code of Reporting Carrier	361499		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTHERN TEL CO - MN
Signature of Authorized Officer or employee:	**Shane Young** Digitally signed by Shane Young DN:cn=Shane Young,email=Shane@northerntelephone.net,O=wilderness valley telephone company, inc.,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Shane Young
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	218-488-6565

Study Area Code of Reporting Carrier	361500		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 CENTRAL TELEPHONE ASSN.	
Signature of Authorized Officer or employee:	**Chad Bullock** Digitally signed by Chad Bullock DN:cn=Chad Bullock,email=chadb@wcta.net,O=west central telephone assn.,l=Sebeka MN 56477, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Chad Bullock	
Title or position of Authorized Officer or employee:	CEO-GM	
Telephone number of Authorized Officer or employee:	218-837-5151	

Study Area Code of Reporting Carrier	361501		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL CO
Signature of Authorized Officer or employee:	**Curt Kawlewski** Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=peoples tel. co.-ia,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Curt Kawlewski
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	507-233-4172

Study Area Code of Reporting Carrier	361502		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	05/26/2022
Printed name of authorized officer	Leslie B. Wkstrom				
Title or position of authorized officer	Vice President				
Telephone number of authorized officer:	(218-436-2121				
Study Area Code of Reporting Carrier	361505		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	WINTHROP TEL CO
Signature of Authorized Officer or employee:	**Danny Busche** Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=winthrop tel. co.,l=Franklin MN 55333, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Danny Busche
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	507-557-2275

Study Area Code of Reporting Carrier	361508		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WOODSTOCK TELEPHONE COMPANY
Signature of Authorized Officer or employee:	**Terry Nelson** Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock telephone company,l=Ruthton MN 56170, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Terry Nelson
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	507-658-3830

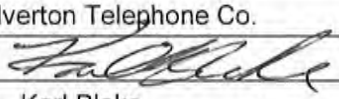
Study Area Code of Reporting Carrier	361510		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	5/18/2022
Printed name of authorized officer	Karl Blake				
Title or position of authorized officer	Executive Vice President				
Telephone number of authorized officer:	( ) 284-7221 , ext.				
Study Area Code of Reporting Carrier	361512		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	ZUMBROTA TEL CO
Signature of Authorized Officer or employee:	**Bruce Hanson** Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l= , Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Bruce Hanson
Title or position of Authorized Officer or employee:	Treasurer
Telephone number of Authorized Officer or employee:	320-847-2211

Study Area Code of Reporting Carrier	361515		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	INTERSTATE TELECOMMUNICATIONS COOP., INC.-MN	
Signature of Authorized Officer or employee:	**Tracy Bandemer** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Tracy Bandemer	
Title or position of Authorized Officer or employee:	CEO/ General Manager	
Telephone number of Authorized Officer or employee:	605-874-2181	

Study Area Code of Reporting Carrier	361654		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ARAPAHOE TELEPHONE COMPANY
Signature of Authorized Officer or employee:	**John Koller** Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.com,O=arapahoe telephone company,l=Arapahoe NE 68922, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	John Koller
Title or position of Authorized Officer or employee:	VP Operations
Telephone number of Authorized Officer or employee:	308-962-7298

Study Area Code of Reporting Carrier	371516		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ELSIE COMM., INC.	
Signature of Authorized Officer or employee:	**David Shipley** Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie communications, inc.,l=Colorado City CO 81019, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	David Shipley	
Title or position of Authorized Officer or employee:	Vice President	
Telephone number of Authorized Officer or employee:	866-542-6780	

Study Area Code of Reporting Carrier	371518		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: THREE RIVER TELCO		
Signature of Authorized Officer or employee: **Steven Dorf** Digitally signed by Steven Dorf DN:cn=Steven Dorf,email=sdorf@threerivertelco.com,O=three river telco,l=Lynch NE 68746-0066, Date:5/26/2022		Date: 5/26/2022
Printed name of Authorized Officer or employee: Steven Dorf		
Title or position of Authorized Officer or employee: General Manager		
Telephone number of Authorized Officer or employee: 402-569-2666		

Study Area Code of Reporting Carrier	371525		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CAMBRIDGE TEL CO -NE		
Signature of Authorized Officer or employee:	**J. Shoemaker**	Digitally signed by J. Shoemaker DN:cn=J. Shoemaker,email=tom.shoemaker@pnpt.com,O=cambridge telephone company - ne,l=Cambridge NE 69022, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	J. Shoemaker		
Title or position of Authorized Officer or employee:	V P Regulatory Affairs		
Telephone number of Authorized Officer or employee:	308-697-3333		

Study Area Code of Reporting Carrier	371526		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TELCO		
Signature of Authorized Officer or employee:	**Wendy Thompson Fast**	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:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Wendy Thompson Fast		
Title or position of Authorized Officer or employee:	President		
Telephone number of Authorized Officer or employee:	402-489-2728		

Study Area Code of Reporting Carrier	371530		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL CO		
Signature of Authorized Officer or employee:	**Wendy Thompson Fast**	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:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Wendy Thompson Fast		
Title or position of Authorized Officer or employee:	President		
Telephone number of Authorized Officer or employee:	402-489-2728		

Study Area Code of Reporting Carrier	371532		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	COZAD TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Marcus Young** Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad telephone company,l= , Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Marcus Young	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	308-784-4044	

Study Area Code of Reporting Carrier	371534		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CURTIS TEL CO		
Signature of Authorized Officer or employee:	**Wendy Thompson Fast**	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:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Wendy Thompson Fast		
Title or position of Authorized Officer or employee:	President		
Telephone number of Authorized Officer or employee:	402-489-2728		

Study Area Code of Reporting Carrier	371536		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DALTON TEL CO, INC	
Signature of Authorized Officer or employee:	**David Shipley** Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton telephone company, inc.,l=Colorado City CO 81019, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	David Shipley	
Title or position of Authorized Officer or employee:	Vice President	
Telephone number of Authorized Officer or employee:	866-542-6779	

Study Area Code of Reporting Carrier	371537		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DILLER TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Loren Duerksen** Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller telephone company,l=Diller NE 68342-0236, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Loren Duerksen	
Title or position of Authorized Officer or employee:	General Manager/Director of Operations	
Telephone number of Authorized Officer or employee:	402-793-5330	

Study Area Code of Reporting Carrier	371540		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GLENWOOD TEL MEMBER	
Signature of Authorized Officer or employee:	**Stanley Rouse** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Stanley Rouse	
Title or position of Authorized Officer or employee:	CEO/General Manager	
Telephone number of Authorized Officer or employee:	402-756-3131	

Study Area Code of Reporting Carrier	371553		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	05/23/2022
Printed name of authorized officer	John Nelson			
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, 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 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:	HARTINGTON TELECOMMUNICATIONS CO., INC.	
Signature of Authorized Officer or employee:	**Dave Nilles** Digitally signed by Dave Nilles DN:cn=Dave Nilles,email=dnilles@hartel.net,O=hartington telecommunications co., inc.,l=Hartington NE 68739-0157, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Dave Nilles	
Title or position of Authorized Officer or employee:	CFO/ General Manager	
Telephone number of Authorized Officer or employee:	402-254-3901	

Study Area Code of Reporting Carrier	371556		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HARTMAN TELEPHONE EXCHANGES INC.	
Signature of Authorized Officer or employee:	**Jenna Burrell** Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=hartman telephone exchanges inc.,l=Benkelman NE 69021, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Jenna Burrell	
Title or position of Authorized Officer or employee:	Accounting Manager	
Telephone number of Authorized Officer or employee:	308-423-5607	

Study Area Code of Reporting Carrier	371557		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HEMINGFORD COOP. TELEPHONE COMPANY
Signature of Authorized Officer or employee:	**Tonya Mayer** Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop. telephone company,l=Hemingford NE 69348-0246, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Tonya Mayer
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	308-487-3311

Study Area Code of Reporting Carrier	371558		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HENDERSON CO-OP TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Chris Johnson** Digitally signed by Chris Johnson DN:cn=Chris Johnson,email=cjohnson@mainstaycomm.net,O=henderson co-op telephone company,l=Henderson NE 68371, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Chris Johnson	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	402-723-4448	

Study Area Code of Reporting Carrier	371559		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HERSHEY COOPERATIVE TELEPHONE CO	
Signature of Authorized Officer or employee:	**Rex Woolley** Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey cooperative telephone co,l=Hershey NE 69143, Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Rex Woolley	
Title or position of Authorized Officer or employee:	General Manager & CEO	
Telephone number of Authorized Officer or employee:	308-368-5561	

Study Area Code of Reporting Carrier	371561		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TELECOM		
Signature of Authorized Officer or employee:	**Wendy Thompson Fast**	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:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Wendy Thompson Fast		
Title or position of Authorized Officer or employee:	President		
Telephone number of Authorized Officer or employee:	402-489-2728		

Study Area Code of Reporting Carrier	371562		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HOOPER TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Robert Gannon** Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper telephone company,l=Remsen IA 51050-0330, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Robert Gannon	
Title or position of Authorized Officer or employee:	Chief Executive Officer	
Telephone number of Authorized Officer or employee:	712-786-5572	

Study Area Code of Reporting Carrier	371563		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	K & M TELEPHONE COMPANY INC.	
Signature of Authorized Officer or employee:	**Thomas Magnuson** Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k & m telephone company inc.,l=Chambers NE 68725, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Thomas Magnuson	
Title or position of Authorized Officer or employee:	President/General Manager	
Telephone number of Authorized Officer or employee:	402-482-5800	

Study Area Code of Reporting Carrier	371565		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GLENWOOD NET SRV		
Signature of Authorized Officer or employee:	**Stanley Rouse** 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:5/18/2022	Date:	5/18/2022
Printed name of Authorized Officer or employee:	Stanley Rouse		
Title or position of Authorized Officer or employee:	CEO/General Manager		
Telephone number of Authorized Officer or employee:	402-756-3131		

Study Area Code of Reporting Carrier	371567		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Nebraska Central Telephone Company			
Signature of authorized officer			Date	05/23/2022
Printed name of authorized officer	John Nelson			
Title or position of authorized officer	President			
Telephone number of authorized officer:	(402) 694-5101 Ext.			
Study Area Code of Reporting Carrier	371574		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	NORTHEAST NEBRASKA TELEPHONE COMPANY
Signature of Authorized Officer or employee:	**Patrick McElroy** Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pat.mcelroy@nntcemployee.com,O=northeast nebraska telephone company,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Patrick McElroy
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	402-632-4321

Study Area Code of Reporting Carrier	371576		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PIERCE TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**William Fogle** Digitally signed by William Fogle DN:cn=William Fogle,email=wfogle@piercetelephone.com,O=pierce telephone company,l=Pierce NE 68767-0113, Date:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	William Fogle	
Title or position of Authorized Officer or employee:	Vice President	
Telephone number of Authorized Officer or employee:	402-329-6225	

Study Area Code of Reporting Carrier	371581		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PLAINVIEW TELEPHONE COMPANY INC.
Signature of Authorized Officer or employee:	**Eric Nye** Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@plvwtelco.net,O=plainview telephone company inc.,l=Plainview NE 68769-0117, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Eric Nye
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	402-582-4242

Study Area Code of Reporting Carrier	371582		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SODTOWN COMM.		
Signature of Authorized Officer or employee:	**Wendy Thompson Fast**	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:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Wendy Thompson Fast		
Title or position of Authorized Officer or employee:	President		
Telephone number of Authorized Officer or employee:	402-489-2728		

Study Area Code of Reporting Carrier	371590		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SOUTHEAST NEBRASKA COMMUNICATIONS, INC.
Signature of Authorized Officer or employee:	**Ray Joy** Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=southeast nebraska communications, inc.,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Ray Joy
Title or position of Authorized Officer or employee:	Vice President
Telephone number of Authorized Officer or employee:	402-245-4451

Study Area Code of Reporting Carrier	371591		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	STANTON TELECOM INC.
Signature of Authorized Officer or employee:	**Nicholas Paden** Digitally signed by Nicholas Paden DN:cn=Nicholas Paden,email=npaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Nicholas Paden
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	402-439-2264

Study Area Code of Reporting Carrier	371592		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WAUNETA TEL. CO.
Signature of Authorized Officer or employee:	**Jenna Burrell** Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=wauneta tel. co.,l=Benkelman NE 69021, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Jenna Burrell
Title or position of Authorized Officer or employee:	Secretary
Telephone number of Authorized Officer or employee:	308-423-5607

Study Area Code of Reporting Carrier	371597		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BENKELMAN TELEPHONE COMPANY INC.
Signature of Authorized Officer or employee:	**Jenna Burrell** Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=benkelman telephone company inc.,l=Benkelman NE 69021, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Jenna Burrell
Title or position of Authorized Officer or employee:	Secretary
Telephone number of Authorized Officer or employee:	308-423-5607

Study Area Code of Reporting Carrier	372455		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTH DAKOTA TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Shawna Senger** Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota telephone company,l=Devils Lake ND 58301, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Shawna Senger	
Title or position of Authorized Officer or employee:	Chief Financial Officer	
Telephone number of Authorized Officer or employee:	701-662-6428	

Study Area Code of Reporting Carrier	381447		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	5/18/2022
Printed name of authorized officer	Karl Blake				
Title or position of authorized officer	Executive Vice President				
Telephone number of authorized officer:	(284) 7221 , ext.				
Study Area Code of Reporting Carrier	381509		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	BEK COMM. COOP.	
Signature of Authorized Officer or employee:	**Brandon Vaughan** Digitally signed by Brandon Vaughan DN:cn=Brandon Vaughan,email=brandonv@bektel.coop,O=bek communications cooperative,l=Steele ND 58482, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Brandon Vaughan	
Title or position of Authorized Officer or employee:	CFO/Financial Manager	
Telephone number of Authorized Officer or employee:	701-475-1246	

Study Area Code of Reporting Carrier	381604		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TELCOM	
Signature of Authorized Officer or employee:	**Bryan Personne** Digitally signed by Bryan Personne DN:cn=Bryan Personne,email=bryan@consolidatednd.com,O=consolidated telcom,l=Dickinson ND 58602-1408, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Bryan Personne	
Title or position of Authorized Officer or employee:	CEO	
Telephone number of Authorized Officer or employee:	701-483-4000	

Study Area Code of Reporting Carrier	381607		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Dakota Central Telecommunications Cooperative / DCTI				
Signature of authorized officer			Date	5/18/2022	
Printed name of authorized officer	Doug Wede				
Title or position of authorized officer	President				
Telephone number of authorized officer:	(701) 652-3184	Ext.			
Study Area Code of Reporting Carrier	381610		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	DICKEY RURAL TEL COOP.
Signature of Authorized Officer or employee:	**Kent Schimke** Digitally signed by Kent Schimke DN:cn=Kent Schimke,email=kschimke@drtel.com,O=dickey rural tel coop.,l=Ellendale ND 58436, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Kent Schimke
Title or position of Authorized Officer or employee:	CEO/General Manager
Telephone number of Authorized Officer or employee:	701-344-6031

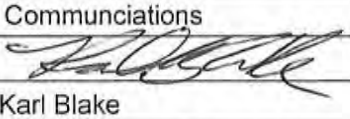
Study Area Code of Reporting Carrier	381611		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 Communciations				
Signature of authorized officer			Date	5/18/2022	
Printed name of authorized officer	Karl Blake				
Title or position of authorized officer	CEO				
Telephone number of authorized officer:	(307) 284-7221 , ext.				
Study Area Code of Reporting Carrier	381614		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	GRIGGS COUNTY TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Tyler Kilde** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Tyler Kilde	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	701-437-9209	

Study Area Code of Reporting Carrier	381615		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	INTER-COMMUNITY TEL	
Signature of Authorized Officer or employee:	**Brandon Vaughan** Digitally signed by Brandon Vaughan DN:cn=Brandon Vaughan,email=brandonv@bektel.coop,O=bek communications cooperative,l=Steele ND 58482, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Brandon Vaughan	
Title or position of Authorized Officer or employee:	CFO/Financial Manager	
Telephone number of Authorized Officer or employee:	701-475-1246	

Study Area Code of Reporting Carrier	381616		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	MIDSTATE TELEPHONE COMPANY				
Signature of authorized officer	Shane D Hart			Date	5-24-2022
Printed name of authorized officer	SHANE D HART				
Title or position of authorized officer	CEO/GM				
Telephone number of authorized officer:	(701) 862-3115	ext.			
Study Area Code of Reporting Carrier	381617		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	GRIGGS COUNTY TEL. CO. (MOORE&LIBERTY)
Signature of Authorized Officer or employee:	**Tyler Kilde** Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county tel. co. (moore&liberty),l=Enderlin ND 58027-0066, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Tyler Kilde
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	701-437-9209

Study Area Code of Reporting Carrier	381622		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTHWEST COMMUNICATIONS COOPERATIVE	
Signature of Authorized Officer or employee:	**Jennifer Bingeman** Digitally signed by Jennifer Bingeman DN:cn=Jennifer Bingeman,email=jenb@nccray.com,O=northwest communications cooperative,l= , Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Jennifer Bingeman	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	701-568-8101	

Study Area Code of Reporting Carrier	381625		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 Communciations				
Signature of authorized officer				Date	5/18/2022
Printed name of authorized officer	Karl Blake				
Title or position of authorized officer	CEO				
Telephone number of authorized officer:	(284) 7221 , ext.				
Study Area Code of Reporting Carrier	381630		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM	
Signature of Authorized Officer or employee:	**Thomas Steinolfson** 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:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Thomas Steinolfson	
Title or position of Authorized Officer or employee:	General Manager/CEO	
Telephone number of Authorized Officer or employee:	701-553-8309	

Study Area Code of Reporting Carrier	381631		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Shane D Hart			Date	5-24-2022
Printed name of authorized officer	SHANE D HART				
Title or position of authorized officer	CEO/GM				
Telephone number of authorized officer:	(701) 862-3115	Ext.			
Study Area Code of Reporting Carrier	381632		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	UNITED TEL MUTUAL		
Signature of Authorized Officer or employee:	**Steve Swanson** Digitally signed by Steve Swanson DN:cn=Steve Swanson,email=steves@corp.utma.com,O=united telephone mutual aid corp.,l=Langdon ND 58249-0729, Date:5/19/2022	Date:	5/19/2022
Printed name of Authorized Officer or employee:	Steve Swanson		
Title or position of Authorized Officer or employee:	General Manager/CEO		
Telephone number of Authorized Officer or employee:	701-256-5156		

Study Area Code of Reporting Carrier	381636		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	W. RIVER TELECOM.	
Signature of Authorized Officer or employee:	**Troy Schilling** Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications cooperative,l=Hazen ND 58545, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Troy Schilling	
Title or position of Authorized Officer or employee:	CEO/General Manager	
Telephone number of Authorized Officer or employee:	701-748-2211	

Study Area Code of Reporting Carrier	381637		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	MIDSTATE COMMUNICATIONS INC				
Signature of authorized officer	Shane D Hart			Date	5-24-2022
Printed name of authorized officer	SHANE D HART				
Title or position of authorized officer	CEO/GM				
Telephone number of authorized officer:	(701) 862-3115	Ext.			
Study Area Code of Reporting Carrier	381638		Filing Due Date for this form (mm/dd/yyyy)	June 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 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	SRT Communications, Inc				
Signature of authorized officer			Date	05/18/2022	
Printed name of authorized officer	John Reiser				
Title or position of authorized officer	COO/Asst General Manager				
Telephone number of authorized officer:	(701) 858-5262	Ext.			
Study Area Code of Reporting Carrier	383303		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	ALLIANCE COMM. COOPERATIVE, INC.-HILLS SD	
Signature of Authorized Officer or employee:	**Kari Flanagan** Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills sd,l=Garretson SD 57030, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Kari Flanagan	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	605-594-8228	

Study Area Code of Reporting Carrier	391405		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GOLDEN WEST TELECOM COOP (ARMOUR)	
Signature of Authorized Officer or employee:	**Dennis Law** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Dennis Law	
Title or position of Authorized Officer or employee:	General Manager/CEO	
Telephone number of Authorized Officer or employee:	605-279-2161	

Study Area Code of Reporting Carrier	391640		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ALLIANCE COMM. COOPERATIVE, INC.-BALTIC	
Signature of Authorized Officer or employee:	**Kari Flanagan** Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-baltic,l=Garretson SD 57030, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Kari Flanagan	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	605-594-8228	

Study Area Code of Reporting Carrier	391642		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	05-25-2022
Printed name of authorized officer	Guthrie Ducheneaux				
Title or position of authorized officer	President				
Telephone number of authorized officer:	(605) 964-2600 Ext.				
Study Area Code of Reporting Carrier	391647		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	BERESFORD MUNICIPAL TEL. CO.
Signature of Authorized Officer or employee:	**Austin Hansen** Digitally signed by Austin Hansen DN:cn=Austin Hansen,email=austinh@bmtc.net,O=beresford municipal tel. co.,l= , Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Austin Hansen
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	605-763-2500

Study Area Code of Reporting Carrier	391649		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CLARITY TELECOM, LLC	
Signature of Authorized Officer or employee:	**Mark James** Digitally signed by Mark James DN:cn=Mark James,email=Mark.James@MyBluePeak.com,O=clarity telecom, llc,l= , Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Mark James	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	303-842-9777	

Study Area Code of Reporting Carrier	391652		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CITY OF FAITH MUNICIPAL TEL CO
Signature of Authorized Officer or employee:	**Debbie Brown** 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:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Debbie Brown
Title or position of Authorized Officer or employee:	Finance Officer
Telephone number of Authorized Officer or employee:	605-967-2261

Study Area Code of Reporting Carrier	391653		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	INTERSTATE TELECOMMUNICATIONS COOP., INC.	
Signature of Authorized Officer or employee:	**Tracy Bandemer** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Tracy Bandemer	
Title or position of Authorized Officer or employee:	CEO/ General Manager	
Telephone number of Authorized Officer or employee:	605-874-2181	

Study Area Code of Reporting Carrier	391654		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ALLIANCE COMM. COOPERATIVE, INC.-SPLITROCK	
Signature of Authorized Officer or employee:	**Kari Flanagan** Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Kari Flanagan	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	605-594-8228	

Study Area Code of Reporting Carrier	391657		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GOLDEN WEST TELECOM. COOP, INC.
Signature of Authorized Officer or employee:	**Dennis Law** 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:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Dennis Law
Title or position of Authorized Officer or employee:	General Manager/CEO
Telephone number of Authorized Officer or employee:	605-279-2161

Study Area Code of Reporting Carrier	391659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	FT RANDALL-MT RUSHMR
Signature of Authorized Officer or employee:	**Bruce Hanson** Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l= , Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Bruce Hanson
Title or position of Authorized Officer or employee:	Treasurer
Telephone number of Authorized Officer or employee:	320-847-2211

Study Area Code of Reporting Carrier	391660		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	JAMES VALLEY COOPERATIVE TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**James Groft** Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley cooperative telephone company,l= , Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	James Groft	
Title or position of Authorized Officer or employee:	CEO	
Telephone number of Authorized Officer or employee:	605-397-2323	

Study Area Code of Reporting Carrier	391664		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	JEFFERSON TEL CO -SD	
Signature of Authorized Officer or employee:	**Paul Bergmann** Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=pbergmann@longlines.biz,O=jordan soldier valley telephone company,l= Sergeant Bluff IA 51054, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Paul Bergmann	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	712-271-5535	

Study Area Code of Reporting Carrier	391666		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GOLDEN WEST TELECOM COOP (KADOKA)	
Signature of Authorized Officer or employee:	**Dennis Law** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Dennis Law	
Title or position of Authorized Officer or employee:	General Manager/CEO	
Telephone number of Authorized Officer or employee:	605-279-2161	

Study Area Code of Reporting Carrier	391667		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	KENNEBEC TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Rod Bowar** Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=rodb@kennebectelephone.com,O=kennebec telephone company,l=Kennebec SD 57544, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Rod Bowar	
Title or position of Authorized Officer or employee:	President/Manager	
Telephone number of Authorized Officer or employee:	605-869-2220	

Study Area Code of Reporting Carrier	391668		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TRIOTEL COMMUNICATIONS, INC.	
Signature of Authorized Officer or employee:	**Heather Kranz** Digitally signed by Heather Kranz DN:cn=Heather Kranz,email=heatherk@triotel.com,O=triotel communications, inc.,l=Salem SD 57058-0630, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Heather Kranz	
Title or position of Authorized Officer or employee:	CEO/GM	
Telephone number of Authorized Officer or employee:	605-425-2238	

Study Area Code of Reporting Carrier	391669		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MIDSTATE COMMUNICATIONS, INC.
Signature of Authorized Officer or employee:	**Chad Mutziger** Digitally signed by Chad Mutziger DN:cn=Chad Mutziger,email=chad@midstaff.net,O=midstate communications, inc.,l=Kimball SD 57355, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Chad Mutziger
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	605-778-6221

Study Area Code of Reporting Carrier	391670		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 RIVER(MOBRIDGE)	
Signature of Authorized Officer or employee:	**Troy Schilling** Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications cooperative,l=Hazen ND 58545, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Troy Schilling	
Title or position of Authorized Officer or employee:	CEO/General Manager	
Telephone number of Authorized Officer or employee:	701-748-2211	

Study Area Code of Reporting Carrier	391671		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Robin Thoreson			Date	5/25/22
Printed name of authorized officer	Robin Thoreson				
Title or position of authorized officer	Accounting Dept Manager				
Telephone number of authorized officer:	(605) 637-5211 Ext.				
Study Area Code of Reporting Carrier	391674		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	SANTEL COMM. COOP.	
Signature of Authorized Officer or employee:	**Ryan Thompson** Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.coop,O=santel communications cooperative, inc.,l=Woonsocket SD 57385-0067, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Ryan Thompson	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	605-796-8143	

Study Area Code of Reporting Carrier	391676		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GOLDEN WEST TELECOM COOP (SIOUX VALLEY)	
Signature of Authorized Officer or employee:	**Dennis Law** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Dennis Law	
Title or position of Authorized Officer or employee:	General Manager/CEO	
Telephone number of Authorized Officer or employee:	605-279-2161	

Study Area Code of Reporting Carrier	391677		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	VENTURE COMMUNICATIONS COOPERATIVE		
Signature of Authorized Officer or employee:	**Randy Houdek** Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture communications cooperative,l=Highmore SD 57345-0157, Date:5/17/2022	Date:	5/17/2022
Printed name of Authorized Officer or employee:	Randy Houdek		
Title or position of Authorized Officer or employee:	General Manager		
Telephone number of Authorized Officer or employee:	605-852-1111		
Study Area Code of Reporting Carrier	391680	Filing Due Date for this form (mm/dd/yyyy)	6/16/2022

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 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:	GOLDEN WEST TELECOM COOP (UNION)	
Signature of Authorized Officer or employee:	**Dennis Law** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Dennis Law	
Title or position of Authorized Officer or employee:	General Manager/CEO	
Telephone number of Authorized Officer or employee:	605-279-2161	

Study Area Code of Reporting Carrier	391684		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	VALLEY TELECOMM. COOP. ASSN.,INC.	
Signature of Authorized Officer or employee:	**Jeff Symens** Digitally signed by Jeff Symens DN:cn=Jeff Symens,email=jeff.s@valleytel.coop,O=valley telecomm. coop. assn.,inc.,l=Herreid SD 57632-0007, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Jeff Symens	
Title or position of Authorized Officer or employee:	General Manager/CEO	
Telephone number of Authorized Officer or employee:	605-437-2615	

Study Area Code of Reporting Carrier	391685		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GOLDEN WEST TELECOM COOP (VIVIAN)	
Signature of Authorized Officer or employee:	**Dennis Law** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Dennis Law	
Title or position of Authorized Officer or employee:	General Manager/CEO	
Telephone number of Authorized Officer or employee:	605-279-2161	

Study Area Code of Reporting Carrier	391686		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 RIVER COOPERATIVE TEL. CO.
Signature of Authorized Officer or employee:	**Colle Nash** Digitally signed by Colle Nash DN:cn=Colle Nash,email=cnash@wrctc.coop,O=west river cooperative tel. co.,l=Bison SD 57620, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Colle Nash
Title or position of Authorized Officer or employee:	General Manager / CEO
Telephone number of Authorized Officer or employee:	605-244-5213

Study Area Code of Reporting Carrier	391689		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ARKANSAS TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Randy McCaslin** Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas telephone company,l=Clinton AR 72031, Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Randy McCaslin	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	501-745-2114	

Study Area Code of Reporting Carrier	401692		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CENTRAL ARKANSAS TEL. COOP INC.
Signature of Authorized Officer or employee:	**Larry Frazier** Digitally signed by Larry Frazier DN:cn=Larry Frazier,email=larryf@catc.net,O=central arkansas tel. coop inc.,l=Bismarck AR 71929, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Larry Frazier
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	501-865-7008

Study Area Code of Reporting Carrier	401697		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CLEVELAND COUNTY TEL
Signature of Authorized Officer or employee:	**Wendy Ottman** Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Wendy Ottman
Title or position of Authorized Officer or employee:	Vice President of Finance
Telephone number of Authorized Officer or employee:	573-835-4051

Study Area Code of Reporting Carrier	401698		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DECATUR TEL CO INC
Signature of Authorized Officer or employee:	**Wendy Ottman** Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Wendy Ottman
Title or position of Authorized Officer or employee:	Vice President of Finance
Telephone number of Authorized Officer or employee:	573-835-4051

Study Area Code of Reporting Carrier	401699		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SOUTH ARKANSAS TEL. CO.,INC.
Signature of Authorized Officer or employee:	**Greg Ashcraft** Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel. co.,inc.,l=Sheridan AR 72150, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Greg Ashcraft
Title or position of Authorized Officer or employee:	Secretary/Treasurer
Telephone number of Authorized Officer or employee:	870-942-4344

Study Area Code of Reporting Carrier	401702		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: LAVACA TEL CO-AR		
Signature of Authorized Officer or employee: **Trent LeForce** Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tleforce@dobson.net,O=lavaca telephone-ar,l= , Date:5/26/2022		Date: 5/26/2022
Printed name of Authorized Officer or employee: Trent LeForce		
Title or position of Authorized Officer or employee: CFO		
Telephone number of Authorized Officer or employee: 405-242-0336		

Study Area Code of Reporting Carrier	401704		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MADISON COUNTY TEL. CO. INC.
Signature of Authorized Officer or employee:	**Tom Shrum** Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel. co. inc.,l=Huntsville AR 72740, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Tom Shrum
Title or position of Authorized Officer or employee:	Secretary/Treasurer
Telephone number of Authorized Officer or employee:	479-738-2121

Study Area Code of Reporting Carrier	401709		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MAGAZINE TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Cheryl Stone** Digitally signed by Cheryl Stone DN:cn=Cheryl Stone,email=magtel@magtel.com,O=magazine telephone company,l=Magazine AR 72943, Date:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	Cheryl Stone	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	479-969-2211	

Study Area Code of Reporting Carrier	401710		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MOUNTAIN VIEW TEL CO	
Signature of Authorized Officer or employee:	**Aaron Millsap** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Aaron Millsap	
Title or position of Authorized Officer or employee:	Vice President of Finance	
Telephone number of Authorized Officer or employee:	870-425-3100	

Study Area Code of Reporting Carrier	401712		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTHERN ARKANSAS TEL. CO.,INC.	
Signature of Authorized Officer or employee:	**Steven Sanders, Jr.** 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:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Steven Sanders, Jr.	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	870-453-9273	

Study Area Code of Reporting Carrier	401713		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PRAIRIE GROVE TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Rhonda Rouse** Digitally signed by Rhonda Rouse DN:cn=Rhonda Rouse,email=rrouse@pgtc.com,O=prairie grove telephone company,l=Praire Grove AR 72753-1010, Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Rhonda Rouse	
Title or position of Authorized Officer or employee:	Accounting Manager	
Telephone number of Authorized Officer or employee:	479-846-7226	

Study Area Code of Reporting Carrier	401718		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Darby A. McCarty			Date	5/24/2022
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, 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 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:	E RITTER TEL CO	
Signature of Authorized Officer or employee:	**Bob Mouser** Digitally signed by Bob Mouser DN:cn=Bob Mouser,email=bob.mouser@rittercommunications.com,O=e . ritter telephone company,l= , Date:5/27/2022	Date: 5/27/2022
Printed name of Authorized Officer or employee:	Bob Mouser	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	870-429-1116	

Study Area Code of Reporting Carrier	401722		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier:	SOUTHWEST ARKANSAS TEL. COOP. INC.
Signature of Authorized Officer or employee:	**Tina Moore** Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=southwest arkansas tel. coop. inc.,l= , Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Tina Moore
Title or position of Authorized Officer or employee:	Accountant
Telephone number of Authorized Officer or employee:	870-653-8222

Study Area Code of Reporting Carrier	401724		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WALNUT HILL TEL CO	
Signature of Authorized Officer or employee:	**Adam Dixon** Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Adam Dixon	
Title or position of Authorized Officer or employee:	Chief Operating Officer	
Telephone number of Authorized Officer or employee:	870-921-5757	

Study Area Code of Reporting Carrier	401729		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: YELCOT TEL CO INC		
Signature of Authorized Officer or employee: **Aaron Millsap**	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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee: Aaron Millsap		
Title or position of Authorized Officer or employee: Vice President of Finance		
Telephone number of Authorized Officer or employee: 870-425-3100		

Study Area Code of Reporting Carrier	401733		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SCOTT COUNTY TEL CO	
Signature of Authorized Officer or employee:	**Karen Gilliam** Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county telephone company,l=Avilla MO 64833, Date:5/27/2022	Date: 5/27/2022
Printed name of Authorized Officer or employee:	Karen Gilliam	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	479-923-4200	

Study Area Code of Reporting Carrier	403031		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BLUE VALLEY TELE-COMMUNICATIONS, INC.
Signature of Authorized Officer or employee:	**Candace Wright** Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-communications, inc.,l= , Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Candace Wright
Title or position of Authorized Officer or employee:	GM/CEO
Telephone number of Authorized Officer or employee:	785-799-3657

Study Area Code of Reporting Carrier	411746		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	COUNCIL GROVE TEL. CO.
Signature of Authorized Officer or employee:	**Dale Jones** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Dale Jones
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	620-767-5153

Study Area Code of Reporting Carrier	411758		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CUNNINGHAM TELEPHONE CO. INC.	
Signature of Authorized Officer or employee:	**Brent Cunningham** 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:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Brent Cunningham	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	785-545-3215	

Study Area Code of Reporting Carrier	411761		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ELKHART TELEPHONE COMPANY INC.
Signature of Authorized Officer or employee:	**Becky Scott** Digitally signed by Becky Scott DN:cn=Becky Scott,email=bscott@epictouch.com,O=elkhart telephone company inc.,l=Elkhart KS 67950, Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Becky Scott
Title or position of Authorized Officer or employee:	President & CFO
Telephone number of Authorized Officer or employee:	620-697-2111

Study Area Code of Reporting Carrier	411764		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GOLDEN BELT TELEPHONE ASSN. INC.	
Signature of Authorized Officer or employee:	**Beau Rebel** Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbtlive.com,O=golden belt telephone assn. inc.,l= , Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Beau Rebel	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	785-372-4236	

Study Area Code of Reporting Carrier	411777		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GORHAM TELEPHONE COMPANY INC.	
Signature of Authorized Officer or employee:	**Tonya Murphy** Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham telephone company inc.,l=Gorham KS 67640-0235, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Tonya Murphy	
Title or position of Authorized Officer or employee:	Secretary	
Telephone number of Authorized Officer or employee:	785-637-5300	

Study Area Code of Reporting Carrier	411778		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HAVILAND TEL CO	
Signature of Authorized Officer or employee:	**Mark Wade** Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland telephone company inc.,l=Haviland KS 67059, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Mark Wade	
Title or position of Authorized Officer or employee:	VP of Operations	
Telephone number of Authorized Officer or employee:	620-862-5211	

Study Area Code of Reporting Carrier	411780		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	H & B COMMUNICATIONS INC.
Signature of Authorized Officer or employee:	**Brandon Koch** Digitally signed by Brandon Koch DN:cn=Brandon Koch,email=brkoch@hbcomm.net,O=h & b communications inc.,l= , Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Brandon Koch
Title or position of Authorized Officer or employee:	President and General Manager
Telephone number of Authorized Officer or employee:	785-252-4000

Study Area Code of Reporting Carrier	411781		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	J. B. N. TEL CO INC	
Signature of Authorized Officer or employee:	**Mark Wade** Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland telephone company inc.,l=Haviland KS 67059, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Mark Wade	
Title or position of Authorized Officer or employee:	VP of Operations	
Telephone number of Authorized Officer or employee:	620-862-5211	

Study Area Code of Reporting Carrier	411785		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	KANOKLA TEL ASSN-KS	
Signature of Authorized Officer or employee:	**Jill Kuehny** Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ks,l=Caldwell KS 67022-0111, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Jill Kuehny	
Title or position of Authorized Officer or employee:	Chief Executive Officer	
Telephone number of Authorized Officer or employee:	620-845-5682	

Study Area Code of Reporting Carrier	411788		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MADISON TELEPHONE, LLC
Signature of Authorized Officer or employee:	**Shana Rains** Digitally signed by Shana Rains DN:cn=Shana Rains,email=mtn.shana@gmail.com,O=madison telephone, llc,l=Madison KS 66860, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Shana Rains
Title or position of Authorized Officer or employee:	Regulatory Officer
Telephone number of Authorized Officer or employee:	620-437-2356

Study Area Code of Reporting Carrier	411801		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: MOKAN DIAL INC-KS		
Signature of Authorized Officer or employee: **Adam Dixon** Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022		Date: 5/26/2022
Printed name of Authorized Officer or employee: Adam Dixon		
Title or position of Authorized Officer or employee: Chief Operating Officer		
Telephone number of Authorized Officer or employee: 870-921-5757		

Study Area Code of Reporting Carrier	411807		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MUTUAL TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**John Tietjens** Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mutual telephone company,l=Little River KS 67457, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	John Tietjens	
Title or position of Authorized Officer or employee:	President & General Manager	
Telephone number of Authorized Officer or employee:	620-897-6200	

Study Area Code of Reporting Carrier	411809		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier:	PEOPLES TELECOMMUNICATIONS, LLC	
Signature of Authorized Officer or employee:	**Jennifer Leach** Digitally signed by Jennifer Leach DN:cn=Jennifer Leach,email=jennifer@peoplestelecom.net,O=peoples telecommunications, llc,l=La Cygne KS 66040, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Jennifer Leach	
Title or position of Authorized Officer or employee:	CEO/General Manager	
Telephone number of Authorized Officer or employee:	913-757-2500	

Study Area Code of Reporting Carrier	411814		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CRAW-KAN TELEPHONE COOP INC- KS
Signature of Authorized Officer or employee:	**Craig Wilbert** Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan telephone coop inc- ks,l=Girard KS 66743-0100, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Craig Wilbert
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	620-724-8235

Study Area Code of Reporting Carrier	411818		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RAINBOW TELECOMMUNICATIONS ASSOC., INC.	
Signature of Authorized Officer or employee:	**Kathy Ruoff** Digitally signed by Kathy Ruoff DN:cn=Kathy Ruoff,email=kathy@rainbowtel.com,O=rainbow telecommunications assoc., inc.,l=Everest KS 66424, Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Kathy Ruoff	
Title or position of Authorized Officer or employee:	Controller/CFO	
Telephone number of Authorized Officer or employee:	785-548-7511	

Study Area Code of Reporting Carrier	411820		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	S & A TEL CO INC
Signature of Authorized Officer or employee:	**Deborah Rand** Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, l.l.c.,l= , Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Deborah Rand
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	603-472-9786

Study Area Code of Reporting Carrier	411829		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	S. CENTRAL TEL - KS
Signature of Authorized Officer or employee:	**Carla Shearer** Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=s. central tel - ks,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Carla Shearer
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	620-930-1082

Study Area Code of Reporting Carrier	411831		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SOUTHERN KANSAS TEL	
Signature of Authorized Officer or employee:	**William McVey** 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:5/21/2022	Date: 5/21/2022
Printed name of Authorized Officer or employee:	William McVey	
Title or position of Authorized Officer or employee:	Chief Financial Officer	
Telephone number of Authorized Officer or employee:	620-584-8337	

Study Area Code of Reporting Carrier	411833		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TRI-COUNTY TEL. ASSN. INC.-KS
Signature of Authorized Officer or employee:	**Dale Jones** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Dale Jones
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	620-767-5153

Study Area Code of Reporting Carrier	411839		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	UNITED TELEPHONE ASSOCIATION, INC.	
Signature of Authorized Officer or employee:	**Jennifer Pachner** 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:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Jennifer Pachner	
Title or position of Authorized Officer or employee:	Controller	
Telephone number of Authorized Officer or employee:	620-227-8641	

Study Area Code of Reporting Carrier	411841		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WHEAT STATE TELEPHONE, INC.
Signature of Authorized Officer or employee:	**Randy Hoffman** Digitally signed by Randy Hoffman DN:cn=Randy Hoffman,email=rhoffman@wheatstate.com,O=wheat state telephone, inc.,l=Udall KS 67146, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Randy Hoffman
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	620-782-3341

Study Area Code of Reporting Carrier	411847		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WILSON TELEPHONE COMPANY INC.	
Signature of Authorized Officer or employee:	**Craig Freeman** 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:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Craig Freeman	
Title or position of Authorized Officer or employee:	Vice President / General Manager	
Telephone number of Authorized Officer or employee:	785-658-2111	

Study Area Code of Reporting Carrier	411849		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ZENDA TEL COMPANY	
Signature of Authorized Officer or employee:	**John Ludenia** Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=zenda telephone company inc.,l= , Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	John Ludenia	
Title or position of Authorized Officer or employee:	Vice President	
Telephone number of Authorized Officer or employee:	304-983-8642	

Study Area Code of Reporting Carrier	411852		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BPS Telephone Company	
Signature of Authorized Officer or employee:	**Lisa Winberry** Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps telephone company,l=Bernie MO 63822-0550, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Lisa Winberry	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	573-293-2277	

Study Area Code of Reporting Carrier	420463		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	IAMO COMM - MO	
Signature of Authorized Officer or employee:	**Tim Toepfer** Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=ttoepfer@iamo.tel,O=iamo communications, inc.-ia,l= , Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Tim Toepfer	
Title or position of Authorized Officer or employee:	CEO & General Manage	
Telephone number of Authorized Officer or employee:	712-583-3232	

Study Area Code of Reporting Carrier	421206		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MOKAN DIAL INC-MO	
Signature of Authorized Officer or employee:	**Adam Dixon** Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Adam Dixon	
Title or position of Authorized Officer or employee:	Chief Operating Officer	
Telephone number of Authorized Officer or employee:	870-921-5757	

Study Area Code of Reporting Carrier	421807		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ALMA COMMUNICATIONS COMPANY DBA ALMA TEL. CO.		
Signature of Authorized Officer or employee:	**Adolf Heins** 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:5/25/2022	Date:	5/25/2022
Printed name of Authorized Officer or employee:	Adolf Heins		
Title or position of Authorized Officer or employee:	General Manager		
Telephone number of Authorized Officer or employee:	660-674-2297		

Study Area Code of Reporting Carrier	421860		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CHARITON VALLEY TELEPHONE CORPORATION
Signature of Authorized Officer or employee:	**Kirby Underberg** Digitally signed by Kirby Underberg DN:cn=Kirby Underberg,email=kunderberg@charitonvalley.com,O=charit on valley telephone corporation,l= , Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Kirby Underberg
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	660-395-9000

Study Area Code of Reporting Carrier	421864		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ELLINGTON TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Dee McCormack** Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington telephone company,l=Ellington MO 63638, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Dee McCormack	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	573-663-2000	

Study Area Code of Reporting Carrier	421874		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	FARBER TEL CO
Signature of Authorized Officer or employee:	**Wendy Ottman** Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Wendy Ottman
Title or position of Authorized Officer or employee:	Vice President of Finance
Telephone number of Authorized Officer or employee:	573-835-4051

Study Area Code of Reporting Carrier	421876		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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.

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	Fidelity Telephone				
Signature of authorized officer	JWalburn		Date	5-26-22	
Printed name of authorized officer	John Walburn				
Title or position of authorized officer	VP of Operations				
Telephone number of authorized officer:	573-968-1262				
Study Area Code of Reporting Carrier	421882		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	GRANBY TEL CO - MISSOURI
Signature of Authorized Officer or employee:	**Cheri Johnson** Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - missouri,l=Granby MO 64844, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Cheri Johnson
Title or position of Authorized Officer or employee:	Corporate Secretary
Telephone number of Authorized Officer or employee:	417-472-5513

Study Area Code of Reporting Carrier	421887		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GREEN HILLS TEL CORP	
Signature of Authorized Officer or employee:	**David Adams** Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghtc.com,O=green hills telephone corp.,l=Breckenridge MO 64625, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	David Adams	
Title or position of Authorized Officer or employee:	EVP/GM	
Telephone number of Authorized Officer or employee:	660-644-5411	

Study Area Code of Reporting Carrier	421890		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CHOCTAW TELEPHONE CO	
Signature of Authorized Officer or employee:	**Adam Dixon** Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Adam Dixon	
Title or position of Authorized Officer or employee:	Chief Operating Officer	
Telephone number of Authorized Officer or employee:	870-921-5757	

Study Area Code of Reporting Carrier	421893		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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).

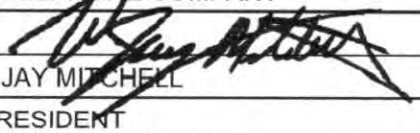
Name of Reporting Carrier:	KINGDOM TELEPHONE COMPANY		
Signature of Authorized Officer or employee:	**Marla McCowan** Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mmccowan@kingdomtelco.com,O=kingdom telephone company,l=Auxvasse MO 65231, Date:5/24/2022	Date:	5/24/2022
Printed name of Authorized Officer or employee:	Marla McCowan		
Title or position of Authorized Officer or employee:	Assistant Board Secretary		
Telephone number of Authorized Officer or employee:	573-386-2241		
Study Area Code of Reporting Carrier	421901	Filing Due Date for this form (mm/dd/yyyy)	6/16/2022

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 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	LE-RU TELEPHONE COMPANY				
Signature of authorized officer			Date	5/19/2022	
Printed name of authorized officer	W. JAY MITCHELL				
Title or position of authorized officer	PRESIDENT				
Telephone number of authorized officer	(417) 628-3844 ext.				
Study Area Code of Reporting Carrier	421908		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	MCDONALD COUNTY TELEPHONE CO.	
Signature of Authorized Officer or employee:	**Ross Babbitt** Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county telephone co.,l=Pineville MO 64856-0207, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Ross Babbitt	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	417-223-4313	

Study Area Code of Reporting Carrier	421912		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MILLER TEL CO - MO	
Signature of Authorized Officer or employee:	**John Ludenia** Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=miller telephone company - mo,l= , Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	John Ludenia	
Title or position of Authorized Officer or employee:	Vice President	
Telephone number of Authorized Officer or employee:	304-983-8642	

Study Area Code of Reporting Carrier	421920		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NEW FLORENCE TEL CO
Signature of Authorized Officer or employee:	**Wendy Ottman** Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Wendy Ottman
Title or position of Authorized Officer or employee:	Vice President of Finance
Telephone number of Authorized Officer or employee:	573-835-4051

Study Area Code of Reporting Carrier	421927		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NEW LONDON TEL CO
Signature of Authorized Officer or employee:	**Wendy Ottman** Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Wendy Ottman
Title or position of Authorized Officer or employee:	Vice President of Finance
Telephone number of Authorized Officer or employee:	573-835-4051

Study Area Code of Reporting Carrier	421928		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTHEAST MISSOURI RURAL TEL. CO.
Signature of Authorized Officer or employee:	**Michele Gillespie** Digitally signed by Michele Gillespie DN:cn=Michele Gillespie,email=mvan@nemr.net,O=northeast missouri rural tel. co.,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Michele Gillespie
Title or position of Authorized Officer or employee:	Chief Executive Officer
Telephone number of Authorized Officer or employee:	660-874-4111

Study Area Code of Reporting Carrier	421931		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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.

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	**Lathrop Telephone Company**			
Signature of Authorized Officer	X Gregg Davis		Date	5-16-22
Printed name of Authorized Officer	Gregg Davis			
Title or position of Authorized Officer	President			
Telephone number or Authorized Officer.	(660) 748-3231 ext. _ _ _ _			
Study Area Code of Reporting Carrier	**421932**		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 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:	ORCHARD FARM TEL CO
Signature of Authorized Officer or employee:	**Wendy Ottman** Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Wendy Ottman
Title or position of Authorized Officer or employee:	Vice President of Finance
Telephone number of Authorized Officer or employee:	573-835-4051

Study Area Code of Reporting Carrier	421934		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	OREGON FARMERS MUT
Signature of Authorized Officer or employee:	**Adam Dixon** Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Adam Dixon
Title or position of Authorized Officer or employee:	Chief Operating Officer
Telephone number of Authorized Officer or employee:	870-921-5757

Study Area Code of Reporting Carrier	421935		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PEACE VALLEY TELEPHONE CO.	
Signature of Authorized Officer or employee:	**Kelly Bosserman** 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:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Kelly Bosserman	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	417-277-5550	

Study Area Code of Reporting Carrier	421936		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ROCK PORT TEL. CO.
Signature of Authorized Officer or employee:	**Rick Bradley** 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:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Rick Bradley
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	660-744-5311

Study Area Code of Reporting Carrier	421942		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	STOUTLAND TEL CO	
Signature of Authorized Officer or employee:	**Wendy Ottman** Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Wendy Ottman	
Title or position of Authorized Officer or employee:	Vice President of Finance	
Telephone number of Authorized Officer or employee:	573-835-4051	

Study Area Code of Reporting Carrier	421951		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LAVACA TEL CO-OK
Signature of Authorized Officer or employee:	**Trent LeForce** Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tleforce@dobson.net,O=lavaca telephone-ar,l= , Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Trent LeForce
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	405-242-0336

Study Area Code of Reporting Carrier	431704		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: KANOKLA TEL ASSN-OK		
Signature of Authorized Officer or employee: **Jill Kuehny**	Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ks,l=Caldwell KS 67022-0111, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee: Jill Kuehny		
Title or position of Authorized Officer or employee: Chief Executive Officer		
Telephone number of Authorized Officer or employee: 620-845-5682		

Study Area Code of Reporting Carrier	431788		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SOUTH CENTRAL TEL. ASSN., INC.-OK
Signature of Authorized Officer or employee:	**Carla Shearer** Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn., inc.-ok,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Carla Shearer
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	620-930-1082

Study Area Code of Reporting Carrier	431831		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ATLAS TELEPHONE CO.	
Signature of Authorized Officer or employee:	**Barbara Summa** Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas telephone co.,l=Big Cabin OK 74332-0077, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Barbara Summa	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	918-783-5111	

Study Area Code of Reporting Carrier	431966		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BEGGS TELEPHONE COMPANY
Signature of Authorized Officer or employee:	**Kay Mount** Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs telephone company,l=Beggs OK 74421-0749, Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Kay Mount
Title or position of Authorized Officer or employee:	Pres. & General Manager
Telephone number of Authorized Officer or employee:	918-267-3636

Study Area Code of Reporting Carrier	431968		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Orl M. Sm			Date	5/25/22
Printed name of authorized officer	Orlean M. Smith				
Title or position of authorized officer	President/GM				
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 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 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:	CARNEGIE TELEPHONE CO.INC.	
Signature of Authorized Officer or employee:	**James Powers** Digitally signed by James Powers DN:cn=James Powers,email=jpowers@carnegietelephone.com,O=carnegie telephone co.inc.,l=Carnegie OK 73015, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	James Powers	
Title or position of Authorized Officer or employee:	Vice President/General Manager	
Telephone number of Authorized Officer or employee:	580-654-1002	

Study Area Code of Reporting Carrier	431976		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CENTRAL OKLAHOMA TELEPHONE CO., L.L.C.	
Signature of Authorized Officer or employee:	**Steve Guest** 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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Steve Guest	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	918-377-2241	

Study Area Code of Reporting Carrier	431977		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CHEROKEE TELEPHONE CO.	
Signature of Authorized Officer or employee:	**Samuel Sanchez** Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee telephone co.,l= , Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Samuel Sanchez	
Title or position of Authorized Officer or employee:	Vice President	
Telephone number of Authorized Officer or employee:	580-434-5375	

Study Area Code of Reporting Carrier	431979		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CHICKASAW TELEPHONE CO.
Signature of Authorized Officer or employee:	**Rita Glover** Digitally signed by Rita Glover DN:cn=Rita Glover,email=rglover@chickasawphone.net,O=chickasaw telephone co.,l=Sulphur OK 73086, Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Rita Glover
Title or position of Authorized Officer or employee:	Corporate Secretary
Telephone number of Authorized Officer or employee:	580-622-2111

Study Area Code of Reporting Carrier	431980		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CIMARRON TEL. CO.
Signature of Authorized Officer or employee:	**H. Baldwin** Digitally signed by H. Baldwin DN:cn=H. Baldwin,email=hgb@cimtel.net,O=cimarron tel. co.,l=Mannford OK 74044, Date:6/2/2022
Date:	6/2/2022
Printed name of Authorized Officer or employee:	H. Baldwin
Title or position of Authorized Officer or employee:	Vice President & General Manager
Telephone number of Authorized Officer or employee:	918-865-3311

Study Area Code of Reporting Carrier	431982		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GRAND TELEPHONE CO. INC.	
Signature of Authorized Officer or employee:	**Jason Anderson** Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand telephone co. inc.,l=Jay OK 74346-0308, Date:5/28/2022	Date: 5/28/2022
Printed name of Authorized Officer or employee:	Jason Anderson	
Title or position of Authorized Officer or employee:	Controller/Co-Manager/1st Vice President	
Telephone number of Authorized Officer or employee:	918-253-4231	

Study Area Code of Reporting Carrier	431994		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HINTON TELEPHONE CO.	
Signature of Authorized Officer or employee:	**Kenneth Doughty** Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton telephone co.,l=Hinton OK 73047, Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Kenneth Doughty	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	405-542-3262	

Study Area Code of Reporting Carrier	431995		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MEDICINE PARK TELEPHONE CO.
Signature of Authorized Officer or employee:	**Dean Pennello** Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=medicine park telephone co.,l=Lawton OK 73502, Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Dean Pennello
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	580-529-2700

Study Area Code of Reporting Carrier	432008		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	OKLAHOMA WESTERN TEL
Signature of Authorized Officer or employee:	**Dean Pennello** Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=oklahoma western telephone co.,l=Lawton OK 73502, Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Dean Pennello
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	580-529-5000

Study Area Code of Reporting Carrier	432014		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	POTTAWATOMIE TEL CO	
Signature of Authorized Officer or employee:	**Danny Overland** Digitally signed by Danny Overland DN:cn=Danny Overland,email=dan@goptc.net,O=pottawatomie telephone co.,l=Earlsboro OK 74840-0066, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Danny Overland	
Title or position of Authorized Officer or employee:	Vice President	
Telephone number of Authorized Officer or employee:	405-997-5201	

Study Area Code of Reporting Carrier	432020		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SALINA-SPAVINAW TEL. CO.,INC.	
Signature of Authorized Officer or employee:	**Scott Boone** Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel. co.,inc.,l=Salina OK 74365, Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Scott Boone	
Title or position of Authorized Officer or employee:	Chief Financial Officer	
Telephone number of Authorized Officer or employee:	918-434-8166	

Study Area Code of Reporting Carrier	432022		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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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: KANOKLA SHIDLER		
Signature of Authorized Officer or employee: **Jill Kuehny**	Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ks,l=Caldwell KS 67022-0111, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee: Jill Kuehny		
Title or position of Authorized Officer or employee: Chief Executive Officer		
Telephone number of Authorized Officer or employee: 620-845-5682		

Study Area Code of Reporting Carrier	432023		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TERRAL TEL. CO.
Signature of Authorized Officer or employee:	**Chad Segress** Digitally signed by Chad Segress DN:cn=Chad Segress,email=chad@wavelinx.com,O=terral tel. co.,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Chad Segress
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	405-609-7164

Study Area Code of Reporting Carrier	432029		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	VALLIANT TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Tommy Dorries** Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant telephone company,l=Valliant OK 74764, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Tommy Dorries	
Title or position of Authorized Officer or employee:	Vice President	
Telephone number of Authorized Officer or employee:	580-933-4400	

Study Area Code of Reporting Carrier	432032		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WYANDOTTE TEL CO
Signature of Authorized Officer or employee:	**Wendy Ottman** Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Wendy Ottman
Title or position of Authorized Officer or employee:	Vice President of Finance
Telephone number of Authorized Officer or employee:	573-835-4051

Study Area Code of Reporting Carrier	432034		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CAMERON TEL CO TEXAS	
Signature of Authorized Officer or employee:	**Bruce Petry** 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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Bruce Petry	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	337-583-2092	

Study Area Code of Reporting Carrier	440425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BLOSSOM TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Clint Dorries** Digitally signed by Clint Dorries DN:cn=Clint Dorries,email=clint@blossomtel.net,O=blossom telephone company,l=Blossom TX 75416, Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Clint Dorries	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	903-982-5200	

Study Area Code of Reporting Carrier	442038		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BIG BEND TELEPHONE COMPANY INC.
Signature of Authorized Officer or employee:	**Rusty Moore** Digitally signed by Rusty Moore DN:cn=Rusty Moore,email=rusty.moore@bbtco.com,O=big bend telephone company inc.,l= , Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	Rusty Moore
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	432-364-0089

Study Area Code of Reporting Carrier	442039		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BRAZORIA TEL. CO.
Signature of Authorized Officer or employee:	**Mark Garner** Digitally signed by Mark Garner DN:cn=Mark Garner,email=mark@btel.com,O=brazoria tel. co.,l=BRAZORIA TX 77422, Date:5/27/2022
Date:	5/27/2022
Printed name of Authorized Officer or employee:	Mark Garner
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	979-798-2121

Study Area Code of Reporting Carrier	442040		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CAP ROCK TELEPHONE COOPERATIVE, INC.		
Signature of Authorized Officer or employee:	**Jim Whitefield** 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:5/18/2022	Date:	5/18/2022
Printed name of Authorized Officer or employee:	Jim Whitefield		
Title or position of Authorized Officer or employee:	Executive Vice President/General Manager		
Telephone number of Authorized Officer or employee:	806-271-3336		

Study Area Code of Reporting Carrier	442046		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CENTRAL TEXAS TELEPHONE CO-OP. INC.	
Signature of Authorized Officer or employee:	**Jamey Wigley** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Jamey Wigley	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	325-648-2237	

Study Area Code of Reporting Carrier	442052		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	COLEMAN COUNTY TELEPHONE CO-OP. INC.	
Signature of Authorized Officer or employee:	**Tim Humpert** 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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Tim Humpert	
Title or position of Authorized Officer or employee:	Chief Financial Officer	
Telephone number of Authorized Officer or employee:	325-348-3124	

Study Area Code of Reporting Carrier	442057		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Colorado Valley Telephone Cooperative, Inc.				
Signature of authorized officer	Kelly Allison			Date	05/25/2022
Printed name of authorized officer	Kelly Allison				
Title or position of authorized officer	General Manager				
Telephone number of authorized officer:	(979 247 5911	Ext.			
Study Area Code of Reporting Carrier	442059		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	COMMUNITY TELEPHONE COMPANY, INC.		
Signature of Authorized Officer or employee:	**Clifford Humpert** Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community telephone company, inc.,l=Windthorst TX 76389, Date:5/25/2022	Date:	5/25/2022
Printed name of Authorized Officer or employee:	Clifford Humpert		
Title or position of Authorized Officer or employee:	President/General Manager		
Telephone number of Authorized Officer or employee:	940-423-6201		

Study Area Code of Reporting Carrier	442061		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CUMBY TELEPHONE COOPERATIVE INC.	
Signature of Authorized Officer or employee:	**Karen Zimmerman** Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karen@cumbytel.net,O=cumby telephone cooperative inc.,l=Cumby TX 75433, Date:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	Karen Zimmerman	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	903-994-2211	

Study Area Code of Reporting Carrier	442065		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DELL TEL. CO-OP - TX
Signature of Authorized Officer or employee:	**Marcy Guillen** Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delltelco.com,O=dell telephone co-op. inc. - tx,l=Dell City TX 79837, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Marcy Guillen
Title or position of Authorized Officer or employee:	Office Manager
Telephone number of Authorized Officer or employee:	915-964-2352

Study Area Code of Reporting Carrier	442066		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ELECTRA TELEPHONE CO	
Signature of Authorized Officer or employee:	**Dean Pennello** Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=electra telephone company, inc.,l=Lawton OK 73502, Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Dean Pennello	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	580-529-5000	

Study Area Code of Reporting Carrier	442069		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BORDER TO BORDER	
Signature of Authorized Officer or employee:	**Dean Pennello** Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=border to border communications,l=Lawton OK 73502, Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Dean Pennello	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	580-529-5000	

Study Area Code of Reporting Carrier	442073		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GANADO TELEPHONE COMPANY INC.	
Signature of Authorized Officer or employee:	**Bill Rakowitz** Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado telephone company inc.,l=Ganado TX 77962-0329, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Bill Rakowitz	
Title or position of Authorized Officer or employee:	VP - Regulatory & Compliance	
Telephone number of Authorized Officer or employee:	361-771-3331	

Study Area Code of Reporting Carrier	442076		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HILL COUNTRY TELEPHONE COOPERATIVE, INC.
Signature of Authorized Officer or employee:	**R. Cook** Digitally signed by R. Cook DN:cn=R. Cook,email=ccook@hctc.coop,O=hill country telephone cooperative, inc.,l=Ingram TX 78025, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	R. Cook
Title or position of Authorized Officer or employee:	Chief Executive Officer
Telephone number of Authorized Officer or employee:	830-367-5333

Study Area Code of Reporting Carrier	442086		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ALENCO COMMUNICATIONS, INC.
Signature of Authorized Officer or employee:	**Ray Bussell** Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communications, inc.,l=Joshua TX 76058, Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Ray Bussell
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	817-447-0127

Study Area Code of Reporting Carrier	442090		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ETS TEL. CO., INC.	
Signature of Authorized Officer or employee:	**Sam Luxton** Digitally signed by Sam Luxton DN:cn=Sam Luxton,email=sluxton@entouchsystems.net,O=ets telephone company, inc.,l= , Date:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	Sam Luxton	
Title or position of Authorized Officer or employee:	President/CEO	
Telephone number of Authorized Officer or employee:	281-225-0501	

Study Area Code of Reporting Carrier	442091		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LA WARD TELEPHONE EXCHANGE INC.
Signature of Authorized Officer or employee:	**Terri Parker** 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:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Terri Parker
Title or position of Authorized Officer or employee:	Secretary/Treasurer
Telephone number of Authorized Officer or employee:	361-872-2211

Study Area Code of Reporting Carrier	442103		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL. CO.	
Signature of Authorized Officer or employee:	**William Whitten** Digitally signed by William Whitten DN:cn=William Whitten,email=hubw@livingston.net,O=lake livingston tel. co.,l= , Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	William Whitten	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	936-566-4000	

Study Area Code of Reporting Carrier	442104		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LIPAN TELEPHONE COMPANY
Signature of Authorized Officer or employee:	**Beth Howard** Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan telephone company,l=Lipan TX 76462, Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Beth Howard
Title or position of Authorized Officer or employee:	Sec / Treasurer
Telephone number of Authorized Officer or employee:	254-646-2211

Study Area Code of Reporting Carrier	442105		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MUENSTER TEL. CORP. OF TX DBA NORTEX COMM.	
Signature of Authorized Officer or employee:	**Alan Rohmer** 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:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Alan Rohmer	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	940-759-2251	

Study Area Code of Reporting Carrier	442116		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier	Peoples Telephone Cooperative, Inc.				
Signature of authorized officer	Scott Thompson		Date	05/31/2022	
Printed name of authorized officer	Scott Thompson				
Title or position of authorized officer	CEO/General Manager				
Telephone number of authorized officer:	(903) 878-3149				
Study Area Code of Reporting Carrier	442130		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	POKA-LAMBRO TELEPHONE COOPERATIVE, INC.	
Signature of Authorized Officer or employee:	**Patrick Sherrill** Digitally signed by Patrick Sherrill DN:cn=Patrick Sherrill,email=psherrill@teampoka.com,O=poka-lambro telephone cooperative, inc.,l= , Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Patrick Sherrill	
Title or position of Authorized Officer or employee:	General Manager/CEO	
Telephone number of Authorized Officer or employee:	806-924-7234	

Study Area Code of Reporting Carrier	442131		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Billy Colston, III	Date	5.23.2022
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 , ext.		
Study Area Code of Reporting Carrier	442134	Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	SOUTH PLAINS TEL. COOP.,INC.
Signature of Authorized Officer or employee:	**Wade Maner** 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:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Wade Maner
Title or position of Authorized Officer or employee:	CEO/General Manager
Telephone number of Authorized Officer or employee:	806-763-2301

Study Area Code of Reporting Carrier	442143		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TATUM TEL CO	
Signature of Authorized Officer or employee:	**Dean Pennello** Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=electra telephone company, inc.,l=Lawton OK 73502, Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Dean Pennello	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	580-529-5000	

Study Area Code of Reporting Carrier	442150		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Amy Linzey			Date	05/18/2022
Printed name of authorized officer	Amy Linzey				
Title or position of authorized officer	Chief Executive Officer				
Telephone number of authorized officer:	(806) 364-3331	ext.			
Study Area Code of Reporting Carrier	442166		Filing Due Date for this form (mm/dd/yyyy)	June16 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 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:	XIT RURAL TELEPHONE CO-OP. INC.
Signature of Authorized Officer or employee:	**Thomas Hyer** 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:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Thomas Hyer
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	806-384-7502

Study Area Code of Reporting Carrier	442170		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	David J. Robinson			Date	5/26/2022
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	Ext.			
Study Area Code of Reporting Carrier	442262		Filing Due Date for this form (mm/dd/yyyy)	June 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 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	Hopi Telecommunications Inc				
Signature of authorized officer			Date	05/20/2022	
Printed name of authorized officer	Carroll Onsae				
Title or position of authorized officer	President/General Manager				
Telephone number of authorized officer:	(928) 522 8428 , ext.				
Study Area Code of Reporting Carrier	450815		Filing Due Date for this form (mm/dd/yyyy)	June162022	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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:	SAN CARLOS APACHE TELECOMM. UTILITY, INC.	
Signature of Authorized Officer or employee:	**Shirley Ortiz** Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache telecomm. utility, inc.,l=Peridot AZ 85542, Date:5/27/2022	Date: 5/27/2022
Printed name of Authorized Officer or employee:	Shirley Ortiz	
Title or position of Authorized Officer or employee:	CEO/General Manager	
Telephone number of Authorized Officer or employee:	928-475-7058	

Study Area Code of Reporting Carrier	452169		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Harriet Toro			Date	5/27/22
Printed name of authorized officer	Harriet Toro				
Title or position of authorized officer	Chairwoman of the Board				
Telephone number of authorized officer:	(520) 240-7400	ext.			
Study Area Code of Reporting Carrier	452173		Filing Due Date for this form (mm/dd/yyyy)	June 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 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	Valley Telephone Cooperative, Inc. - AZ				
Signature of authorized officer			Date	5/26/2022	
Printed name of authorized officer	Troy Judd				
Title or position of authorized officer	CFO				
Telephone number of authorized officer:	(520) 384-8934	ext:			
Study Area Code of Reporting Carrier	452176		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	GILA RIVER TELECOMMUNICATIONS, INC.	
Signature of Authorized Officer or employee:	**James Meyers** Digitally signed by James Meyers DN:cn=James Meyers,email=jmeyers@gilarivertel.com,O=gila river telecommunications, inc.,l= , Date:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	James Meyers	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	520-796-8885	

Study Area Code of Reporting Carrier	452179		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	FORT MOJAVE TELECOMMUNICATIONS, INC.
Signature of Authorized Officer or employee:	**Michael Scully** Digitally signed by Michael Scully DN:cn=Michael Scully,email=mscully@ftmojave.net,O=fort mojave telecommunications, inc.,l= , Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Michael Scully
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	928-346-2523

Study Area Code of Reporting Carrier	452200		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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-AZ	
Signature of Authorized Officer or employee:	**John Stuart** Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale telephone exchange, inc.-arizona,l=Midvale ID 83645, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	John Stuart	
Title or position of Authorized Officer or employee:	CEO	
Telephone number of Authorized Officer or employee:	208-355-2211	

Study Area Code of Reporting Carrier	452226		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TABLE TOP TEL CO
Signature of Authorized Officer or employee:	**Rick Williams** Digitally signed by Rick Williams DN:cn=Rick Williams,email=rickw@ponderosatel.com,O=table top telephone company, inc.,l= , Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Rick Williams
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	559-868-6392

Study Area Code of Reporting Carrier	453334		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	AGATE MUTUAL TELEPHONE COOPERATIVE ASSOC.		
Signature of Authorized Officer or employee:	**Judy Hollembeak** Digitally signed by Judy Hollembeak DN:cn=Judy Hollembeak,email=amtca@amtca.net,O=agate mutual telephone cooperative assoc.,l=Agate CO 80101, Date:5/23/2022	Date:	5/23/2022
Printed name of Authorized Officer or employee:	Judy Hollembeak		
Title or position of Authorized Officer or employee:	Chief Financial Officer		
Telephone number of Authorized Officer or employee:	719-764-2578		

Study Area Code of Reporting Carrier	462178		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BIJOU TEL COOPERATIVE ASSOC. INC
Signature of Authorized Officer or employee:	**Brian Creveling** Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel cooperative assoc. inc,l= , Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Brian Creveling
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	303-822-5400

Study Area Code of Reporting Carrier	462181		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BLANCA TELEPHONE COMPANY DBA BLANCA NETWORKS	
Signature of Authorized Officer or employee:	**Alan Wehe** 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:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Alan Wehe	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	719-379-3839	

Study Area Code of Reporting Carrier	462182		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	EASTERN SLOPE RURAL TEL ASSN INC
Signature of Authorized Officer or employee:	**Patricia White** Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.com,O=eastern slope rural tel assn inc,l=Hugo CO 80821-0397, Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Patricia White
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	719-743-2441

Study Area Code of Reporting Carrier	462186		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL CO, INC. - COLORADO	
Signature of Authorized Officer or employee:	**Terry Hinds** Digitally signed by Terry Hinds DN:cn=Terry Hinds,email=thinds@farmerstelcom.com,O=farmers tel co, inc. - colorado,l=Pleasant View CO 81331-0369, Date:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	Terry Hinds	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	970-562-4211	

Study Area Code of Reporting Carrier	462188		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HAXTUN TEL CO
Signature of Authorized Officer or employee:	**Adam Dixon** Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Adam Dixon
Title or position of Authorized Officer or employee:	Chief Operating Officer
Telephone number of Authorized Officer or employee:	870-921-5757

Study Area Code of Reporting Carrier	462190		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NUNN TEL. COMPANY	
Signature of Authorized Officer or employee:	**Adam Rislov** Digitally signed by Adam Rislov DN:cn=Adam Rislov,email=rislova@ezlink.com,O=nunn tel. company,l=Nunn CO 80648, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Adam Rislov	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	970-897-2200	

Study Area Code of Reporting Carrier	462194		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SOUTH PARK TEL. CO.
Signature of Authorized Officer or employee:	**Deborah Rand** Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, l.l.c.,l= , Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Deborah Rand
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	603-472-9786

Study Area Code of Reporting Carrier	462195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PEETZ COOP. TEL. CO.	
Signature of Authorized Officer or employee:	**Kathy Glassburn** Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=kathy@peetzplace.com,O=peetz coop. tel. co.,l=Peetz CO 80747, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Kathy Glassburn	
Title or position of Authorized Officer or employee:	Office Manager	
Telephone number of Authorized Officer or employee:	970-334-2220	

Study Area Code of Reporting Carrier	462196		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PINE DRIVE TEL. CO.
Signature of Authorized Officer or employee:	**Matthew Sellers** Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel. co.,l=Beulah CO 81023, Date:5/21/2022
Date:	5/21/2022
Printed name of Authorized Officer or employee:	Matthew Sellers
Title or position of Authorized Officer or employee:	Vice President
Telephone number of Authorized Officer or employee:	719-485-3400

Study Area Code of Reporting Carrier	462198		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PLAINS COOPERATIVE TEL. ASSOC. INC.	
Signature of Authorized Officer or employee:	**Ronny Puckett** Digitally signed by Ronny Puckett DN:cn=Ronny Puckett,email=ronnypuckett@plainstel.com,O=plains cooperative tel. assoc. inc.,l=Joes CO 80822, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Ronny Puckett	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	970-358-4211	

Study Area Code of Reporting Carrier	462199		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL CO
Signature of Authorized Officer or employee:	**Jeremy Smith** Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=star tel. co., inc.,l=Rockland ID 83271, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Jeremy Smith
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	208-548-2345

Study Area Code of Reporting Carrier	462201		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ROGGEN TELEPHONE COOPERATIVE CO.	
Signature of Authorized Officer or employee:	**Peggy Manino** Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen telephone cooperative co.,l=Roggen CO 80652-0100, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Peggy Manino	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	303-849-5260	

Study Area Code of Reporting Carrier	462202		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RYE TELEPHONE CO
Signature of Authorized Officer or employee:	**Deborah Rand** Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, l.l.c.,l= , Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Deborah Rand
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	603-472-9786

Study Area Code of Reporting Carrier	462203		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	STONEHAM COOPERATIVE TEL. CO.
Signature of Authorized Officer or employee:	**Aimee Dollerschell** Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=aimeed@stonehamtel.com,O=stoneham cooperative tel. co.,l=Stoneham CO 80754, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Aimee Dollerschell
Title or position of Authorized Officer or employee:	CEO/Manager
Telephone number of Authorized Officer or employee:	970-735-2251

Study Area Code of Reporting Carrier	462206		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WIGGINS TEL. ASSOC.
Signature of Authorized Officer or employee:	**Terry Hendrickson** Digitally signed by Terry Hendrickson DN:cn=Terry Hendrickson,email=terry@wigginstel.com,O=wiggins tel. assoc.,l=Wiggins CO 80654-0690, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Terry Hendrickson
Title or position of Authorized Officer or employee:	General Manager/CEO
Telephone number of Authorized Officer or employee:	970-483-7343

Study Area Code of Reporting Carrier	462209		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WILLARD TEL. CO.
Signature of Authorized Officer or employee:	**Aimee Dollerschell** Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel. co.,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Aimee Dollerschell
Title or position of Authorized Officer or employee:	Manager
Telephone number of Authorized Officer or employee:	970-228-4571

Study Area Code of Reporting Carrier	462210		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ALBION TEL. CO. D/B/A ATC COMMUNICATIONS	
Signature of Authorized Officer or employee:	**Rich Redman** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Rich Redman	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	208-673-5335	

Study Area Code of Reporting Carrier	472213		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CUSTER TEL. COOPERATIVE INC.
Signature of Authorized Officer or employee:	**James Bennetts** Digitally signed by James Bennetts DN:cn=James Bennetts,email=jd.bennetts@custertel.com,O=custer tel. cooperative inc.,l=Challis ID 83226, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	James Bennetts
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	208-879-2281

Study Area Code of Reporting Carrier	472218		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	FILER MUT-ID/TRULEAP	
Signature of Authorized Officer or employee:	**Bob Kraut** Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel. company-id dba truleap tech,l=Filer ID 83328-0089, Date:5/27/2022	Date: 5/27/2022
Printed name of Authorized Officer or employee:	Bob Kraut	
Title or position of Authorized Officer or employee:	General Manager/COO	
Telephone number of Authorized Officer or employee:	208-326-4330	

Study Area Code of Reporting Carrier	472220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL CO LTD. - ID	
Signature of Authorized Officer or employee:	**Ronald Rembelski** Digitally signed by Ronald Rembelski DN:cn=Ronald Rembelski,email=ron.r@fmtc.com,O=farmers mutual tel co ltd. - id,l=Fruitland ID 83619, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Ronald Rembelski	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	208-452-2000	

Study Area Code of Reporting Carrier	472221		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL EXCH INC	
Signature of Authorized Officer or employee:	**John Stuart** Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale telephone exchange, inc.-arizona,l=Midvale ID 83645, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	John Stuart	
Title or position of Authorized Officer or employee:	CEO	
Telephone number of Authorized Officer or employee:	208-355-2211	

Study Area Code of Reporting Carrier	472226		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Mud Lake Telephone Cooperative				
Signature of authorized officer	Valeri Stedgerwald			Date	5-31-22
Printed name of authorized officer	Valeri Stedgerwald				
Title or position of authorized officer	GM				
Telephone number of authorized officer:	(208)3745421				
Study Area Code of Reporting Carrier	472227		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	PROJECT MUTUAL TEL. COOP. ASSN.	
Signature of Authorized Officer or employee:	**Rick Harder** Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel. coop. assn.,l= , Date:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	Rick Harder	
Title or position of Authorized Officer or employee:	CFO/Treasurer	
Telephone number of Authorized Officer or employee:	208-434-7124	

Study Area Code of Reporting Carrier	472231		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 COMM-ROCKLAND
Signature of Authorized Officer or employee:	**Timothy May** Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Timothy May
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	208-548-2345

Study Area Code of Reporting Carrier	472232		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	05/25/2022	
Printed name of authorized officer	Michael J. Martell				
Title or position of authorized officer	Vice-President				
Telephone number of authorized officer:	(208) 366-2614 ext.				
Study Area Code of Reporting Carrier	472233		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	INLAND TELEPHONE COMPANY - ID	
Signature of Authorized Officer or employee:	**James Brooks** Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - id,l=Roslyn WA 98941, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	James Brooks	
Title or position of Authorized Officer or employee:	Treasurer/Controller/Reg. Manager	
Telephone number of Authorized Officer or employee:	509-649-2211	

Study Area Code of Reporting Carrier	472423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LINCOLN TEL. CO. INC.	
Signature of Authorized Officer or employee:	**Bryce Daniel** Digitally signed by Bryce Daniel DN:cn=Bryce Daniel,email=bryced@linctel.net,O=lincoln tel. co. inc.,l= , Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Bryce Daniel	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	406-362-4216	

Study Area Code of Reporting Carrier	482244		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTHERN TEL. COOP INC.- MT	
Signature of Authorized Officer or employee:	**Aimee Dietrich** Digitally signed by Aimee Dietrich DN:cn=Aimee Dietrich,email=adietrich@northerntel.net,O=northern tel. coop inc.- mt,l=Sunburst MT 59482, Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Aimee Dietrich	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	406-937-2114	

Study Area Code of Reporting Carrier	482248		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RANGE TEL COOP-MT	
Signature of Authorized Officer or employee:	**Gail Rainey** Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=dubois telephone exchange inc.,l=Forsyth MT 59327, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Gail Rainey	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	406-347-2859	

Study Area Code of Reporting Carrier	482251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SOUTHERN MONTANA TEL. CO.
Signature of Authorized Officer or employee:	**Doran Fluckiger** Digitally signed by Doran Fluckiger DN:cn=Doran Fluckiger,email=doran@smtel.com,O=southern montana tel. co.,l=Wisdom MT 59761, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Doran Fluckiger
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	406-689-3333

Study Area Code of Reporting Carrier	482254		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TRIANGLE TEL. COOPERATIVE ASSN. INC.
Signature of Authorized Officer or employee:	**Craig Gates** Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle tel. cooperative assn. inc.,l=Havre MT 59501, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Craig Gates
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	406-394-7807

Study Area Code of Reporting Carrier	482257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SIYEH COMMUNICATIONS	
Signature of Authorized Officer or employee:	**Mike Sheard** Digitally signed by Mike Sheard DN:cn=Mike Sheard,email=gm@siycom.com,O=siyeh communications,l=Browning MT 59417, Date:6/13/2022	Date: 6/13/2022
Printed name of Authorized Officer or employee:	Mike Sheard	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	406-594-9661	

Study Area Code of Reporting Carrier	482485		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TRIANGLE TELEPHONE COOPERATIVE ASSN.,INC.-CMC	
Signature of Authorized Officer or employee:	**Craig Gates** 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:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Craig Gates	
Title or position of Authorized Officer or employee:	CEO	
Telephone number of Authorized Officer or employee:	406-394-7807	

Study Area Code of Reporting Carrier	483310		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	5/24/22
Printed name of authorized officer	Godfrey Enjady				
Title or position of authorized officer	General Manager				
Telephone number of authorized officer:	(575) 464-4039 ext.				
Study Area Code of Reporting Carrier	491231		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	DELL TEL CO-OP - NM	
Signature of Authorized Officer or employee:	**Marcy Guillen** Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delltelco.com,O=dell telephone co-op. inc. - tx,l=Dell City TX 79837, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Marcy Guillen	
Title or position of Authorized Officer or employee:	Office Manager	
Telephone number of Authorized Officer or employee:	915-964-2352	

Study Area Code of Reporting Carrier	492066		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Valley Telephone Cooperative, Inc. - NM				
Signature of authorized officer			Date	5/26/2022	
Printed name of authorized officer					
Title or position of authorized officer	CFO				
Telephone number of authorized officer:	(520) 384-8934	Ext:			
Study Area Code of Reporting Carrier	492176		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	BACA VALLEY TEL. CO.
Signature of Authorized Officer or employee:	**Paul Briesh** Digitally signed by Paul Briesh DN:cn=Paul Briesh,email=paulbvt@bacavalley.net,O=baca valley tel. co.,l=Des Moines NM 88418, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Paul Briesh
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	575-278-2101

Study Area Code of Reporting Carrier	492259		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	5/26/2022
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	Ext.			
Study Area Code of Reporting Carrier	492262		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	LA JICARITA RURAL TEL. COOP. INC.
Signature of Authorized Officer or employee:	**Danny Gray** 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:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Danny Gray
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	575-387-2216

Study Area Code of Reporting Carrier	492263		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LEACO RURAL TEL. COOPERATIVE INC.	
Signature of Authorized Officer or employee:	**David Jimenez** Digitally signed by David Jimenez DN:cn=David Jimenez,email=djimenez@leaco.org,O=leaco rural tel. cooperative inc.,l= , Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	David Jimenez	
Title or position of Authorized Officer or employee:	CEO	
Telephone number of Authorized Officer or employee:	575-370-5010	

Study Area Code of Reporting Carrier	492264		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	Tularosa Basin Telephone Company, Inc.	
Signature of Authorized Officer or employee:	**Joshua Beug** Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbtc.net,O=tularosa basin telephone company, inc.,l= , Date:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	Joshua Beug	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	575-585-0125	

Study Area Code of Reporting Carrier	492265		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 NEW MEXICO	
Signature of Authorized Officer or employee:	**Daniel Meszler** 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:5/23/2022	Date: 5/23/2022
Printed name of Authorized Officer or employee:	Daniel Meszler	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	575-388-2546	

Study Area Code of Reporting Carrier	492268		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PENASCO VALLEY TEL. COOPERATIVE INC.
Signature of Authorized Officer or employee:	**Kurt Garrard** Digitally signed by Kurt Garrard DN:cn=Kurt Garrard,email=kgarrard@pvt.com,O=penasco valley tel. cooperative inc.,l= , Date:5/30/2022
Date:	5/30/2022
Printed name of Authorized Officer or employee:	Kurt Garrard
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	575-748-1241

Study Area Code of Reporting Carrier	492270		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ROOSEVELT COUNTY RURAL TEL. COOP.,INC.	
Signature of Authorized Officer or employee:	**Cecile Archibeque** 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:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Cecile Archibeque	
Title or position of Authorized Officer or employee:	General Manager/EO	
Telephone number of Authorized Officer or employee:	575-226-2255	

Study Area Code of Reporting Carrier	492272		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SACRED WIND COMMUNICATIONS, INC.
Signature of Authorized Officer or employee:	**Terry Clark** Digitally signed by Terry Clark DN:cn=Terry Clark,email=tclark@sacredwindnm.com,O=sacred wind communications, inc.,l= , Date:5/23/2022
Date:	5/23/2022
Printed name of Authorized Officer or employee:	Terry Clark
Title or position of Authorized Officer or employee:	Controller
Telephone number of Authorized Officer or employee:	505-908-2661

Study Area Code of Reporting Carrier	493403		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DIRECTCOMM-CEDAR VAL	
Signature of Authorized Officer or employee:	**Kip Wilson** Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=direct communications cedar valley, llc,l=Rockland ID 83271, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Kip Wilson	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	208-548-2345	

Study Area Code of Reporting Carrier	500758		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CENTRAL UTAH TEL INC	
Signature of Authorized Officer or employee:	**Mike Plows** Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=central utah tel. inc.,l= , Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Mike Plows	
Title or position of Authorized Officer or employee:	Chief Financial Officer	
Telephone number of Authorized Officer or employee:	702-396-0151	

Study Area Code of Reporting Carrier	502277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GUNNISON TEL. CO.	
Signature of Authorized Officer or employee:	**Natalie Gleave** Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel. co.,l=Gunnison UT 84634, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Natalie Gleave	
Title or position of Authorized Officer or employee:	Controller/Director	
Telephone number of Authorized Officer or employee:	435-528-7236	

Study Area Code of Reporting Carrier	502279		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MANTI TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Dallas Cox** Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti telephone company,l= , Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Dallas Cox	
Title or position of Authorized Officer or employee:	Vice President and General Manager	
Telephone number of Authorized Officer or employee:	435-835-3391	

Study Area Code of Reporting Carrier	502282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: SKYLINE TELECOM		
Signature of Authorized Officer or employee: **Mike Plows** Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=skyline telecom,l= , Date:5/25/2022		Date: 5/25/2022
Printed name of Authorized Officer or employee: Mike Plows		
Title or position of Authorized Officer or employee: Chief Financial Officer		
Telephone number of Authorized Officer or employee: 702-396-0151		

Study Area Code of Reporting Carrier	502283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BEEHIVE TEL CO - UT		
Signature of Authorized Officer or employee:	**Larry Mason**	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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Larry Mason		
Title or position of Authorized Officer or employee:	Senior Vice President Regulatory Affairs		
Telephone number of Authorized Officer or employee:	435-837-6000		

Study Area Code of Reporting Carrier	502284		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: BEAR LAKE COMM		
Signature of Authorized Officer or employee: **Mike Plows** Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=bear lake communications,l= , Date:5/25/2022		Date: 5/25/2022
Printed name of Authorized Officer or employee: Mike Plows		
Title or position of Authorized Officer or employee: Chief Financial Officer		
Telephone number of Authorized Officer or employee: 702-396-0151		

Study Area Code of Reporting Carrier	503032		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RANGE TEL COOP - WY	
Signature of Authorized Officer or employee:	**Gail Rainey** Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=dubois telephone exchange inc.,l=Forsyth MT 59327, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Gail Rainey	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	406-347-2859	

Study Area Code of Reporting Carrier	512251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	DUBOIS TEL EXCHANGE	
Signature of Authorized Officer or employee:	**Gail Rainey** Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=dubois telephone exchange inc.,l=Forsyth MT 59327, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Gail Rainey	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	406-347-2859	

Study Area Code of Reporting Carrier	512291		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	WESTGATE COMMUNICATIONS LLC dba WEAVTEL	
Signature of Authorized Officer or employee:	**Richard Weaver** Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=richard@weavnet.com,O=westgate communications llc dba weavtel,l=Wenatchee WA 98807, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Richard Weaver	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	509-682-5556	

Study Area Code of Reporting Carrier	520580		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SKYLINE TELECOM COMPANY	
Signature of Authorized Officer or employee:	**Delinda Kluser** Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Delinda Kluser	
Title or position of Authorized Officer or employee:	Vice President, Manager	
Telephone number of Authorized Officer or employee:	541-932-4411	

Study Area Code of Reporting Carrier	520581		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HAT ISLAND TEL CO
Signature of Authorized Officer or employee:	**Gary Ricketts** Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Gary Ricketts
Title or position of Authorized Officer or employee:	Secretary-Treasurer
Telephone number of Authorized Officer or employee:	360-321-0051

Study Area Code of Reporting Carrier	522417		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	05/25/2022	
Printed name of authorized officer	Michael J. Martell				
Title or position of authorized officer	Vice-President				
Telephone number of authorized officer:	(208) 366-2614	ext.			
Study Area Code of Reporting Carrier	522418		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	HOOD CANAL TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Richard Buechel** Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal telephone company,l=Union WA 98592, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Richard Buechel	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	360-898-2481	

Study Area Code of Reporting Carrier	522419		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	INLAND TELEPHONE COMPANY - WA	
Signature of Authorized Officer or employee:	**James Brooks** Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - wa,l=Roslyn WA 98941, Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	James Brooks	
Title or position of Authorized Officer or employee:	Treasurer/Controller/Reg. Manager	
Telephone number of Authorized Officer or employee:	509-649-2211	

Study Area Code of Reporting Carrier	522423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	KALAMA TEL CO
Signature of Authorized Officer or employee:	**Rick Vitzthum** Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,l=Tenino WA 98589, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Rick Vitzthum
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	360-264-3155

Study Area Code of Reporting Carrier	522426		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MASHELL TELECOM INC.	
Signature of Authorized Officer or employee:	**Brian Haynes** Digitally signed by Brian Haynes DN:cn=Brian Haynes,email=brian.haynes@rainierconnect.net,O=mashell telecom inc.,l=Eatonville WA 98328, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Brian Haynes	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	360-892-4130	

Study Area Code of Reporting Carrier	522431		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PIONEER TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Dallas Filan** Digitally signed by Dallas Filan DN:cn=Dallas Filan,email=dfilan@pionnet.com,O=pioneer telephone company,l=Lacrosse WA 99143, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Dallas Filan	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	509-549-3511	

Study Area Code of Reporting Carrier	522437		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ST. JOHN TELEPHONE, INC.	
Signature of Authorized Officer or employee:	**Joseph Dennis** Digitally signed by Joseph Dennis DN:cn=Joseph Dennis,email=joe@stjohncable.com,O=st. john telephone, inc.,l=Saint John WA 99171-0268, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Joseph Dennis	
Title or position of Authorized Officer or employee:	VP of Operations-Outside Plant	
Telephone number of Authorized Officer or employee:	509-648-3322	

Study Area Code of Reporting Carrier	522442		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TENINO TELEPHONE CO
Signature of Authorized Officer or employee:	**Rick Vitzthum** Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,l=Tenino WA 98589, Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Rick Vitzthum
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	360-264-3155

Study Area Code of Reporting Carrier	522446		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TOLEDO TELEPHONE COMPANY INC.
Signature of Authorized Officer or employee:	**Philip Cappalonga** Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.net,O=toledo telephone company inc.,l= , Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Philip Cappalonga
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	360-864-2004

Study Area Code of Reporting Carrier	522447		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 WAHKIAKUM COUNTY TELEPHONE COMPANY				
Signature of authorized officer			Date	05/18/2022	
Printed name of authorized officer	KENNETH E. JOHNSON				
Title or position of authorized officer	CEO				
Telephone number of authorized officer:	(360) 465-2211	Ext.			
Study Area Code of Reporting Carrier	522451		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	WHIDBEY TEL CO.
Signature of Authorized Officer or employee:	**Gary Ricketts** Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Gary Ricketts
Title or position of Authorized Officer or employee:	Secretary-Treasurer
Telephone number of Authorized Officer or employee:	360-321-0051

Study Area Code of Reporting Carrier	522452		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BEAVER CREEK COOPERATIVE TEL. CO.
Signature of Authorized Officer or employee:	**Paul Hauer** 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:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Paul Hauer
Title or position of Authorized Officer or employee:	CEO/President
Telephone number of Authorized Officer or employee:	503-845-4433

Study Area Code of Reporting Carrier	532359		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CLEAR CREEK MUTUAL TELEPHONE CO.
Signature of Authorized Officer or employee:	**Jason Henke** Digitally signed by Jason Henke DN:cn=Jason Henke,email=jhenke@clearcreek.coop,O=clear creek mutual telephone co.,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Jason Henke
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	503-631-2101

Study Area Code of Reporting Carrier	532363		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	COLTON TELEPHONE COMPANY
Signature of Authorized Officer or employee:	**Geri Fraijo** Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=geri@coltontel.com,O=colton telephone company,l=Colton OR 97017, Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Geri Fraijo
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	503-824-3211

Study Area Code of Reporting Carrier	532364		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	EAGLE TELEPHONE SYSTEM INC.	
Signature of Authorized Officer or employee:	**Mike Lattin** Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle telephone system inc.,l=Richland OR 97870, Date:5/24/2022	Date: 5/24/2022
Printed name of Authorized Officer or employee:	Mike Lattin	
Title or position of Authorized Officer or employee:	Manager	
Telephone number of Authorized Officer or employee:	541-893-6111	

Study Area Code of Reporting Carrier	532369		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CASCADE UTIL INC	
Signature of Authorized Officer or employee:	**Brooke Wheeler** Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Brooke Wheeler	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	503-630-8952	

Study Area Code of Reporting Carrier	532371		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	GERVAIS TELEPHONE COMPANY DBA DATAVISION	
Signature of Authorized Officer or employee:	**Renee Willer** Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais telephone company dba datavision,l=Gervais OR 97026, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Renee Willer	
Title or position of Authorized Officer or employee:	President/CEO	
Telephone number of Authorized Officer or employee:	503-792-5500	

Study Area Code of Reporting Carrier	532373		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	Roome Telecommunications Inc				
Signature of authorized officer	Ronald L. Roome			Date	5-25-22
Printed name of authorized officer	Ronald L Roome				
Title or position of authorized officer	President				
Telephone number of authorized officer:	(541) 369-2211 ext.				
Study Area Code of Reporting Carrier	532375		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	HELIX TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Delinda Kluser** Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=helix telephone company,l=Mt. Vernon OR 97865-0609, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Delinda Kluser	
Title or position of Authorized Officer or employee:	Vice President, Manager	
Telephone number of Authorized Officer or employee:	541-932-4411	

Study Area Code of Reporting Carrier	532376		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HOME TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Delinda Kluser** Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=home telephone company,l=Mt. Vernon OR 97865-0609, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Delinda Kluser	
Title or position of Authorized Officer or employee:	Vice President, Manager	
Telephone number of Authorized Officer or employee:	541-932-4411	

Study Area Code of Reporting Carrier	532377		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	TRANS-CASCADES TEL	
Signature of Authorized Officer or employee:	**Brooke Wheeler** Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Brooke Wheeler	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	503-630-8952	

Study Area Code of Reporting Carrier	532378		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MOLALLA TELEPHONE COMPANY
Signature of Authorized Officer or employee:	**Terry Simms** Digitally signed by Terry Simms DN:cn=Terry Simms,email=TSimms@molalla.com,O=molalla telephone company,l= , Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Terry Simms
Title or position of Authorized Officer or employee:	Vice President/CFO
Telephone number of Authorized Officer or employee:	503-829-1122

Study Area Code of Reporting Carrier	532383		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MONITOR COOPERATIVE TELEPHONE CO	
Signature of Authorized Officer or employee:	**Geri Fraijo** Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor cooperative telephone co,l= , Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Geri Fraijo	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	503-634-2266	

Study Area Code of Reporting Carrier	532384		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MONROE TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**David Mills** Digitally signed by David Mills DN:cn=David Mills,email=NECAaffairs@monroetel.com,O=monroe telephone company,l=Monroe OR 97456-0130, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	David Mills	
Title or position of Authorized Officer or employee:	Vice President	
Telephone number of Authorized Officer or employee:	541-847-5135	

Study Area Code of Reporting Carrier	532385		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CANBY-MT ANGEL	
Signature of Authorized Officer or employee:	**Paul Hauer** 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:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Paul Hauer	
Title or position of Authorized Officer or employee:	CEO/President	
Telephone number of Authorized Officer or employee:	503-632-6314	

Study Area Code of Reporting Carrier	532386		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	05/25/2022	
Printed name of authorized officer	Michael J. Martell				
Title or position of authorized officer	Vice-President				
Telephone number of authorized officer:	(208) 366-2614 ; ext.				
Study Area Code of Reporting Carrier	532387		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	NORTH STATE TELEPHONE COMPANY - OR	
Signature of Authorized Officer or employee:	**Delinda Kluser** 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:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Delinda Kluser	
Title or position of Authorized Officer or employee:	Vice President, Manager	
Telephone number of Authorized Officer or employee:	541-932-4411	

Study Area Code of Reporting Carrier	532388		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	OREGON TELEPHONE CORPORATION	
Signature of Authorized Officer or employee:	**Delinda Kluser** Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=oregon telephone corporation,l=Mt. Vernon OR 97865-0609, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Delinda Kluser	
Title or position of Authorized Officer or employee:	Vice President, Manager	
Telephone number of Authorized Officer or employee:	541-932-4411	

Study Area Code of Reporting Carrier	532389		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	OREGON-IDAHO UTIL.	
Signature of Authorized Officer or employee:	**Justin Perez** Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho utilities, inc.,l=Nampa ID 83653, Date:5/20/2022	Date: 5/20/2022
Printed name of Authorized Officer or employee:	Justin Perez	
Title or position of Authorized Officer or employee:	Chief Financial Officer	
Telephone number of Authorized Officer or employee:	208-461-7802	

Study Area Code of Reporting Carrier	532390		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier:	PEOPLES TEL CO. - OR	
Signature of Authorized Officer or employee:	**Erik Hoefer** Digitally signed by Erik Hoefer DN:cn=Erik Hoefer,email=ehoefer@sctcweb.com,O=peoples telephone co. - or,l=Stayton OR 97383, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	Erik Hoefer	
Title or position of Authorized Officer or employee:	President/CEO	
Telephone number of Authorized Officer or employee:	503-769-4624	

Study Area Code of Reporting Carrier	532391		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PINE TELEPHONE SYSTEM INC. - OR	
Signature of Authorized Officer or employee:	**Delinda Kluser** Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=pine telephone system inc. - or,l=Mt. Vernon OR 97865-0609, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Delinda Kluser	
Title or position of Authorized Officer or employee:	Vice President, Manager	
Telephone number of Authorized Officer or employee:	541-932-4411	

Study Area Code of Reporting Carrier	532392		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PIONEER TELEPHONE COOP. DBA PIONEER CONNECT		
Signature of Authorized Officer or employee:	**James Rennard** Digitally signed by James Rennard DN:cn=James Rennard,email=jamesrennard@pioneerconnect.net,O=pioneer telephone coop. dba pioneer connect,l=Philomath OR 97370, Date:5/17/2022	Date:	5/17/2022
Printed name of Authorized Officer or employee:	James Rennard		
Title or position of Authorized Officer or employee:	General Manager		
Telephone number of Authorized Officer or employee:	541-929-8213		
Study Area Code of Reporting Carrier	532393	Filing Due Date for this form (mm/dd/yyyy)	6/16/2022

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 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:	ST. PAUL COOP. TEL. ASSN.
Signature of Authorized Officer or employee:	**Nick Schneider** 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:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Nick Schneider
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	503-633-2111

Study Area Code of Reporting Carrier	532396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	STAYTON COOP TEL CO
Signature of Authorized Officer or employee:	**Erik Hoefer** Digitally signed by Erik Hoefer DN:cn=Erik Hoefer,email=ehoefer@sctcweb.com,O=peoples telephone co. - or,l=Stayton OR 97383, Date:5/26/2022
Date:	5/26/2022
Printed name of Authorized Officer or employee:	Erik Hoefer
Title or position of Authorized Officer or employee:	President/CEO
Telephone number of Authorized Officer or employee:	503-769-4624

Study Area Code of Reporting Carrier	532399		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	OREGON TELEPHONE CORPORATION (MTE-OREGON)	
Signature of Authorized Officer or employee:	**Delinda Kluser** Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=oregon telephone corporation (mte-oregon),l=Mt. Vernon OR 97865-0609, Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Delinda Kluser	
Title or position of Authorized Officer or employee:	Vice President, Manager	
Telephone number of Authorized Officer or employee:	541-932-4411	

Study Area Code of Reporting Carrier	533336		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CALAVERAS TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Rose Cullen** Digitally signed by Rose Cullen DN:cn=Rose Cullen,email=rose.cullen@caltel.com,O=calaveras telephone company,l=Copperopolis CA 95228, Date:5/27/2022	Date: 5/27/2022
Printed name of Authorized Officer or employee:	Rose Cullen	
Title or position of Authorized Officer or employee:	Chief Financial Officer	
Telephone number of Authorized Officer or employee:	209-785-2211	

Study Area Code of Reporting Carrier	542301		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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	CAL-ORE TELEPHONE CO.				
Signature of authorized officer	Kristi Olson		Date	05/27/2022	
Printed name of authorized officer	KRISTI OLSON				
Title or position of authorized officer	ACCOUNTING MGR/CFO				
Telephone number of authorized officer:	(530)547-2211, ext.				
Study Area Code of Reporting Carrier	542311		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	DUCOR TELEPHONE COMPANY dba VARCOMM
Signature of Authorized Officer or employee:	**Jenifer Vellucci** Digitally signed by Jenifer Vellucci DN:cn=Jenifer Vellucci,email=jvellucci@varcomm.biz,O=ducor telephone company dba varcomm,l=Ducor CA 93218, Date:5/24/2022
Date:	5/24/2022
Printed name of Authorized Officer or employee:	Jenifer Vellucci
Title or position of Authorized Officer or employee:	Ducor Telephone Company
Telephone number of Authorized Officer or employee:	559-534-2210

Study Area Code of Reporting Carrier	542313		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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-SEBASTIAN	
Signature of Authorized Officer or employee:	**Rhonda Armstrong** Digitally signed by Rhonda Armstrong DN:cn=Rhonda Armstrong,email=rarmstrong@sebastiancorp.com,O=forest hill telephone company dba sebastian,l= , Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Rhonda Armstrong	
Title or position of Authorized Officer or employee:	Vice President - Operations	
Telephone number of Authorized Officer or employee:	559-846-7780	

Study Area Code of Reporting Carrier	542318		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 TEL-SEBASTIAN	
Signature of Authorized Officer or employee:	**Rhonda Armstrong** Digitally signed by Rhonda Armstrong DN:cn=Rhonda Armstrong,email=rarmstrong@sebastiancorp.com,O=forest hill telephone company dba sebastian,l= , Date:5/18/2022	Date: 5/18/2022
Printed name of Authorized Officer or employee:	Rhonda Armstrong	
Title or position of Authorized Officer or employee:	Vice President - Operations	
Telephone number of Authorized Officer or employee:	559-846-7780	

Study Area Code of Reporting Carrier	542324		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	THE PONDEROSA TEL CO
Signature of Authorized Officer or employee:	**Rick Williams** Digitally signed by Rick Williams DN:cn=Rick Williams,email=rickw@ponderosatel.com,O=table top telephone company, inc.,l= , Date:5/18/2022
Date:	5/18/2022
Printed name of Authorized Officer or employee:	Rick Williams
Title or position of Authorized Officer or employee:	CFO
Telephone number of Authorized Officer or employee:	559-868-6392

Study Area Code of Reporting Carrier	542332		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	SIERRA TELEPHONE COMPANY, INC.
Signature of Authorized Officer or employee:	**Robert Griffin** Digitally signed by Robert Griffin DN:cn=Robert Griffin,email=robertg@stcg.net,O=sierra telephone company, inc.,l=Oakhurst CA 93644, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Robert Griffin
Title or position of Authorized Officer or employee:	Vice President
Telephone number of Authorized Officer or employee:	559-642-1178

Study Area Code of Reporting Carrier	542338		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	THE SISKIYOU TELEPHONE CO.
Signature of Authorized Officer or employee:	**Russell Elliott** Digitally signed by Russell Elliott DN:cn=Russell Elliott,email=r.elliott@siskiyoutelephone.com,O=the siskiyou telephone co.,l=Etna CA 96027, Date:5/27/2022
Date:	5/27/2022
Printed name of Authorized Officer or employee:	Russell Elliott
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	530-467-6120

Study Area Code of Reporting Carrier	542339		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	VOLCANO TELEPHONE COMPANY	
Signature of Authorized Officer or employee:	**Brenda Shepard** Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano telephone company,l= , Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Brenda Shepard	
Title or position of Authorized Officer or employee:	Chief Financial Officer	
Telephone number of Authorized Officer or employee:	209-296-1447	

Study Area Code of Reporting Carrier	542343		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	PINNACLES TELEPHONE COMPANY
Signature of Authorized Officer or employee:	**Steven Bryan** Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles telephone company,l= , Date:5/19/2022
Date:	5/19/2022
Printed name of Authorized Officer or employee:	Steven Bryan
Title or position of Authorized Officer or employee:	President
Telephone number of Authorized Officer or employee:	831-389-4500

Study Area Code of Reporting Carrier	542346		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	FILER MUT-NV/TRULEAP	
Signature of Authorized Officer or employee:	**Bob Kraut** Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel. company-id dba truleap tech,l=Filer ID 83328-0089, Date:5/27/2022	Date: 5/27/2022
Printed name of Authorized Officer or employee:	Bob Kraut	
Title or position of Authorized Officer or employee:	General Manager/COO	
Telephone number of Authorized Officer or employee:	208-326-4330	

Study Area Code of Reporting Carrier	552220		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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 NV				
Signature of authorized officer			Date	05/25/2022	
Printed name of authorized officer	Michael J. Martell				
Title or position of authorized officer	Vice-President				
Telephone number of authorized officer:	(208) 366-2614	ext.			
Study Area Code of Reporting Carrier	552233		Filing Due Date for this form (mm/dd/yyyy)	June 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 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:	BEEHIVE TEL CO - NV		
Signature of Authorized Officer or employee:	**Larry Mason** 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:5/17/2022	Date:	5/17/2022
Printed name of Authorized Officer or employee:	Larry Mason		
Title or position of Authorized Officer or employee:	Senior Vice President Regulatory Affairs		
Telephone number of Authorized Officer or employee:	435-837-6000		

Study Area Code of Reporting Carrier	552284		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CHURCHILL COUNTY TEL. DBA CC COMMUNICATIONS
Signature of Authorized Officer or employee:	**Mark Feest** 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:5/25/2022
Date:	5/25/2022
Printed name of Authorized Officer or employee:	Mark Feest
Title or position of Authorized Officer or employee:	General Manager
Telephone number of Authorized Officer or employee:	775-423-7654

Study Area Code of Reporting Carrier	552349		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	LINCOLN COUNTY TELEPHONE SYSTEM INC.	
Signature of Authorized Officer or employee:	**John Christian, III** Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln county telephone system inc.,l=Pioche NV 89043, Date:5/26/2022	Date: 5/26/2022
Printed name of Authorized Officer or employee:	John Christian, III	
Title or position of Authorized Officer or employee:	President	
Telephone number of Authorized Officer or employee:	775-962-5131	

Study Area Code of Reporting Carrier	552351		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	RIO VIRGIN TEL CO	
Signature of Authorized Officer or employee:	**Brooke Wheeler** Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/25/2022	Date: 5/25/2022
Printed name of Authorized Officer or employee:	Brooke Wheeler	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	503-630-8952	

Study Area Code of Reporting Carrier	552356		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	HUMBOLDT TEL CO
Signature of Authorized Officer or employee:	**Justin Perez** Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho utilities, inc.,l=Nampa ID 83653, Date:5/20/2022
Date:	5/20/2022
Printed name of Authorized Officer or employee:	Justin Perez
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	208-461-7802

Study Area Code of Reporting Carrier	553304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ADAK EAGLE ENTERPRISES, LLC dba ADAK TEL UTIL
Signature of Authorized Officer or employee:	**Andilea Weaver** Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak eagle enterprises, llc dba adak tel util,l= , Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	Andilea Weaver
Title or position of Authorized Officer or employee:	Vice President/COO
Telephone number of Authorized Officer or employee:	907-222-0844

Study Area Code of Reporting Carrier	610989		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	ARCTIC SLOPE TEL. ASSOCIATION COOP.INC.	
Signature of Authorized Officer or employee:	**Clover McNeil** Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel. association coop.inc.,l= , Date:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Clover McNeil	
Title or position of Authorized Officer or employee:	CFO	
Telephone number of Authorized Officer or employee:	907-564-2680	

Study Area Code of Reporting Carrier	613001		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BETTLES TEL CO INC	
Signature of Authorized Officer or employee:	**Mary Jo Quandt** 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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Mary Jo Quandt	
Title or position of Authorized Officer or employee:	V/P Chief Customer Operations	
Telephone number of Authorized Officer or employee:	360-385-1733	

Study Area Code of Reporting Carrier	613002		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BRISTOL BAY TELEPHONE COOP. INC.	
Signature of Authorized Officer or employee:	**Tanya Moorcroft** Digitally signed by Tanya Moorcroft DN:cn=Tanya Moorcroft,email=tanyam@bristolbay.com,O=bristol bay telephone coop. inc.,l=King Salmon AK 99613-0259, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Tanya Moorcroft	
Title or position of Authorized Officer or employee:	Controller/Asst General Manager	
Telephone number of Authorized Officer or employee:	907-246-3403	

Study Area Code of Reporting Carrier	613003		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	BUSH-TELL INC.	
Signature of Authorized Officer or employee:	**Roy Wrazen** Digitally signed by Roy Wrazen DN:cn=Roy Wrazen,email=roywrazen@bush-tell.com,O=bush-tell incorporated,l=Aniak AK 99557-0109, Date:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	Roy Wrazen	
Title or position of Authorized Officer or employee:	General Manager	
Telephone number of Authorized Officer or employee:	907-675-4311	

Study Area Code of Reporting Carrier	613004		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	CIRCLE TELEPHONE & ELECTRIC, LLC
Signature of Authorized Officer or employee:	**Shawn DeVore** Digitally signed by Shawn DeVore DN:cn=Shawn DeVore,email=shawn@circleutilities.com,O=circle telephone & electric, llc,l=Circle AK 99733, Date:5/27/2022
Date:	5/27/2022
Printed name of Authorized Officer or employee:	Shawn DeVore
Title or position of Authorized Officer or employee:	Member Owner
Telephone number of Authorized Officer or employee:	907-773-5500

Study Area Code of Reporting Carrier	613005		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	COPPER VALLEY TEL. COOP. INC.
Signature of Authorized Officer or employee:	**Laura Kompkoff** Digitally signed by Laura Kompkoff DN:cn=Laura Kompkoff,email=lkompkoff@cvtc.org,O=copper valley tel. coop. inc.,l=Valdez AK 99686, Date:5/17/2022
Date:	5/17/2022
Printed name of Authorized Officer or employee:	Laura Kompkoff
Title or position of Authorized Officer or employee:	Chief Financial Officer
Telephone number of Authorized Officer or employee:	907-835-7712

Study Area Code of Reporting Carrier	613006		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	INTERIOR TEL CO INC	
Signature of Authorized Officer or employee:	**Brett Carter** Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc.,l= , Date:5/31/2022	Date: 5/31/2022
Printed name of Authorized Officer or employee:	Brett Carter	
Title or position of Authorized Officer or employee:	President & GM of Alaska Market	
Telephone number of Authorized Officer or employee:	907-563-2003	

Study Area Code of Reporting Carrier	613011		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	MUKLUK TEL CO INC
Signature of Authorized Officer or employee:	**Brett Carter** Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc.,l= , Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	Brett Carter
Title or position of Authorized Officer or employee:	President & GM of Alaska Market
Telephone number of Authorized Officer or employee:	907-563-2003

Study Area Code of Reporting Carrier	613016		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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: ALASKA TEL CO		
Signature of Authorized Officer or employee: **Mary Jo Quandt**	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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee: Mary Jo Quandt		
Title or position of Authorized Officer or employee: V/P Chief Customer Operations		
Telephone number of Authorized Officer or employee: 360-385-1733		

Study Area Code of Reporting Carrier	613017		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NUSHAGAK ELECTRIC & TELEPHONE COOP., INC.	
Signature of Authorized Officer or employee:	**Trung Vo** Digitally signed by Trung Vo DN:cn=Trung Vo,email=tvo@nushagak.coop,O=nushagak electric & telephone coop., inc.,l=Dillingham AK 99576, Date:5/19/2022	Date: 5/19/2022
Printed name of Authorized Officer or employee:	Trung Vo	
Title or position of Authorized Officer or employee:	Telecom General Manager	
Telephone number of Authorized Officer or employee:	907-842-5251	

Study Area Code of Reporting Carrier	613018		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	OTZ TELEPHONE COOPERATIVE, INC.
Signature of Authorized Officer or employee:	**Kelly Williams** Digitally signed by Kelly Williams DN:cn=Kelly Williams,email=kwilliams@otz.org,O=otz telephone cooperative, inc.,l= , Date:5/31/2022
Date:	5/31/2022
Printed name of Authorized Officer or employee:	Kelly Williams
Title or position of Authorized Officer or employee:	CEO
Telephone number of Authorized Officer or employee:	907-442-1000

Study Area Code of Reporting Carrier	613019		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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 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:	NORTH COUNTRY TEL CO	
Signature of Authorized Officer or employee:	**Mary Jo Quandt** 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:5/17/2022	Date: 5/17/2022
Printed name of Authorized Officer or employee:	Mary Jo Quandt	
Title or position of Authorized Officer or employee:	V/P Chief Customer Operations	
Telephone number of Authorized Officer or employee:	360-385-1733	

Study Area Code of Reporting Carrier	613026		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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Name of Reporting Carrier:	SUMMIT TEL & TEL CO OF ALASKA	
Signature of Authorized Officer or employee:	**Roger Shoffstall** Digitally signed by Roger Shoffstall DN:cn=Roger Shoffstall,email=rshoffstall@summittelephonecompany.com ,O=summit tel & tel co of alaska,l=Fairbanks AK 99710, Date:5/21/2022	Date: 5/21/2022
Printed name of Authorized Officer or employee:	Roger Shoffstall	
Title or position of Authorized Officer or employee:	CEO/President/Owner/General Manager	
Telephone number of Authorized Officer or employee:	907-389-1012	

Study Area Code of Reporting Carrier	613028		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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Name of Reporting Carrier	Sandwich Isles Communications, Inc.				
Signature of authorized officer	Breanne Kahalewai			Date	5/31/22
Printed name of authorized officer	Breanne Kahalewai				
Title or position of authorized officer	President				
Telephone number of authorized officer:	(808) 524-8400	ext.			
Study Area Code of Reporting Carrier	623021		Filing Due Date for this form (mm/dd/yyyy)	June 16,2022	

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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	Am. Samoa Telecomm. Authority				
Signature of authorized officer				Date	05/25/2022
Printed name of authorized officer	Chris Danielson				
Title or position of authorized officer	CFO				
Telephone number of authorized officer:	(684) 733-9082	Ext.			
Study Area Code of Reporting Carrier	673900		Filing Due Date for this form (mm/dd/yyyy)	June 16,2022	

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

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Name of Reporting Carrier	Consolidated Communications				
Signature of authorized officer	Michael J. Shultz			Date	May 19, 2022
Printed name of authorized officer	Michael J. Shultz				
Title or position of authorized officer	Sr Vice President, Regulatory & Public Policy				
Telephone number of authorized officer:	(724) 449-2545 ext.				
Study Area Code of Reporting Carrier	see attache		Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022	

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Study Area/Entity	Study Area Number	FRN
Berkshire Telephone Corporation	150073	0004-4915-44
Chautauqua & Erie Telephone Co.	150078	0004-3316-82
Taconic Telephone Corp.	150084	0003-7727-53
Consolidated Communications of Pennsylvania Company, LLC		0003-1935-39
Consolidated Communications of Pennsylvania Company - Bentleyville	170145	
Consolidated Communications of Pennsylvania Company - Marianna & Scenery Hill	170185	
Consolidated Communications of Central Illinois Company		0003-7235-25
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		0002-1470-98
Consolidated Communications of Colorado - Big Sandy	462192	
Consolidated Communications of Colorado - Columbine	462204	
Consolidated Communications of Florida Company		0001-8246-06
Consolidated Communications of Florida - Florala	210291	
Consolidated Communications of Florida - Perry	210329	
Consolidated Communications of Florida - St. Joe	210339	
Consolidated Communications of Kansas Company		0003-7232-36
Consolidated Communications of Kansas - Kansas	411835	
Consolidated Communications of Kansas - Colorado	461835	
Consolidated Communications of Maine Company		0003-7082-29
Consolidated Communications of Maine - Community Services	100015	
Consolidated Communications of Oklahoma Company		0003-7235-17
Consolidated Communications of Oklahoma - Chouteau	431981	
Consolidated Communications of Missouri Company		0014-7103-88
Consolidated Communications of Missouri - Missouri	421472	
Consolidated Communications of Washington Company, LLC.		0001-5812-97
Consolidated Communications of Washington - Ellensburg	522412	
Consolidated Communications of Washington - Yelm	522453	

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

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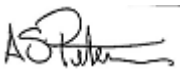
Name of Reporting Carrier	**See TDS Telecom ILEC Listing Below**				
Signature of Authorized Officer				Date 5/25/2022	
Printed name of Authorized Officer	Andrew Petersen				
Title or position of Authorized Officer	Sr. Vice-President – Corporate Affairs				
Telephone number or Authorized Officer.	(608)664-4155 ext. _ _ _ _				
Study Area Code of Reporting Carrier	**See TDS TELECOM ILEC Listing Below**		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	

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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