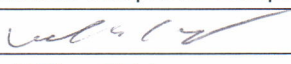


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Indianhead Telephone Company				
Signature of authorized officer 			Date	06/03/2022
Printed name of authorized officer William Eckles				
Title or position of authorized officer President				
Telephone number of authorized officer: (507) 526-3252 ext.				
Study Area Code of Reporting Carrier	330936		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 Not Seeking Duplicative Recovery

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

Name of Reporting Carrier Indianhead Telephone Company

Signature of authorized officer



Date

06/03/2022

Printed name of authorized officer William Eckles

Title or position of authorized officer President

Telephone number of authorized officer: (507) 526-3252, ext.

Study Area Code of Reporting Carrier

330936

Filing Due Date for this form
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TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Indianhead Telephone Company**

Signature of Authorized Officer



Date **06/03/2022**

Printed name of Authorized Officer **William Eckles**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(507) 526-3252**, ext. _____

Study Area Code of Reporting Carrier

330936

Filing Due Date for this form
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