

Certification of Officer as to the Accuracy of the Data Reported -

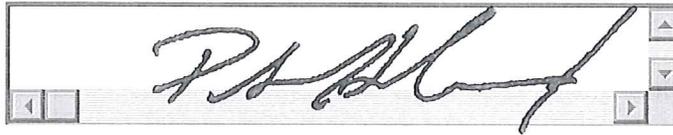
Program Year 2022-2023

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

The Chillicothe Telephone Company

Signature of Authorized Officer



Signature Date:

6/01/2022

Printed Name of Authorized Officer:

Mr. Pete Holland

Title or position of Authorized Officer:

CFO

Telephone number of Authorized Officer:

740.772.8547

Study Area Code of Reporting Carrier:

300597

Filing Due Date:

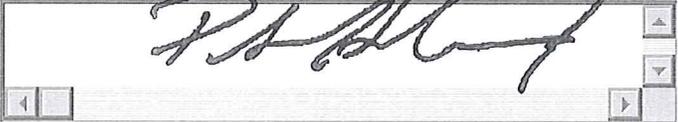
06/16/2022

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.

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

Program Year 2022-2023

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

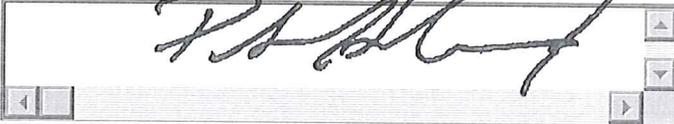
Name of Reporting Carrier	<input type="text" value="The Chillicothe Telephone Company"/>
Signature of Authorized Officer	
Signature Date:	<input type="text" value="6/01/2022"/>
Printed Name of Authorized Officer:	<input type="text" value="Mr. Pete Holland"/>
Title or position of Authorized Officer:	<input type="text" value="CFO"/>
Telephone number of Authorized Officer:	<input type="text" value="740.772.8547"/>
Study Area Code of Reporting Carrier:	<input type="text" value="300597"/>
Filing Due Date:	<input type="text" value="06/16/2022"/>

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

Program Year 2022-2023

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	<input type="text" value="The Chillicothe Telephone Company"/>
Signature of Authorized Officer	
Signature Date:	<input type="text" value="6/01/2022"/>
Printed Name of Authorized Officer:	<input type="text" value="Mr. Pete Holland"/>
Title or position of Authorized Officer:	<input type="text" value="CFO"/>
Telephone number of Authorized Officer:	<input type="text" value="740.772.8547"/>
Study Area Code of Reporting Carrier:	<input type="text" value="300597"/>
Filing Due Date:	<input type="text" value="06/16/2022"/>

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