

**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Bluffton Telephone Company		
Signature of Authorized Officer	<i>Donna M. Chatman</i>	Date	<i>6/7/2022</i>
Printed name of Authorized Officer	Donna M. Chatman		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	(602) 364 6000 ext. 6305		
Study Area Code of Reporting Carrier	240512	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.

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 **Bluffton Telephone Company**

Signature of Authorized Officer

Donna M. Chatman

Date

6/7/2022

Printed name of Authorized Officer

Donna M. Chatman

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

(602) 364 6000 ext. 6305

Study Area Code of Reporting Carrier

240512

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

06/16/2022

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

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

Name of Reporting Carrier **Bluffton Telephone Company**

Signature of Authorized Officer

Donna M. Chatman

Date

6/7/2022

Printed name of Authorized Officer

Donna M. Chatman

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

(602) 364 6000 ext. 6305

Study Area Code of Reporting Carrier

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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, the 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	Bluffton Telephone Company		
Signature of Authorized Officer	<i>Donna M. Chatman</i>	Date	<i>6/7/2022</i>
Printed name of Authorized Officer	Donna M. Chatman		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer.	(602) 364 6000 ext. 6305		
Study Area Code of Reporting Carrier	240512	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Chazy & Westport Telephone Corporation**

Signature of Authorized Officer



Date

6/9/2022

Printed name of Authorized Officer

Lou Silvestre

Title or position of Authorized Officer

CEO

Telephone number of Authorized Officer.

(518) 962 4404 ext. _____

Study Area Code of Reporting Carrier

150079

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

06/16/2022

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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 **Chazy & Westport Telephone Corporation**

Signature of Authorized Officer



Date

6/9/2022

Printed name of Authorized Officer

Lou SILVESTRE

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(518) 962-4404 ext. _____

Study Area Code of Reporting Carrier

150079

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

06/16/2022

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

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

Name of Reporting Carrier		Chazy & Westport Telephone Corporation	
Signature of Authorized Officer		Date	6/9/2022
Printed name of Authorized Officer		Lou S. Lvestre	
Title or position of Authorized Officer		AFO	
Telephone number of Authorized Officer.		(518) 962 4404 ext. _____	
Study Area Code of Reporting Carrier	150079	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

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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, the 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 **Chazy & Westport Telephone Corporation**

Signature of Authorized Officer



Date

6/9/2022

Printed name of Authorized Officer

Lou Silvestre

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(578) 962 4404 ext. _____

Study Area Code of Reporting Carrier

150079

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

06/16/2022

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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications		
Signature of Authorized Officer		Date May 27, 2022	
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number of Authorized Officer.	(803)326-7170 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240515		Filing Due Date for this form (mm/dd/yyyy)
			06/16/2022

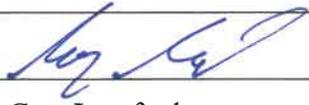
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **Chesnee Telephone Company, Inc. d/b/a Chesnee Communications**

Signature of Authorized Officer



Date May 27, 2022

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803)326-7170 ext. ____ ext. ____

Study Area Code of Reporting Carrier

240515

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

06/16/2022

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

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

Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications		
Signature of Authorized Officer		Date	May 27, 2022
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	(803)326-7170 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240515	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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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, the 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 **Chesnee Telephone Company, Inc. d/b/a Chesnee Communications**

Signature of Authorized Officer



Date May 27, 2022

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803)326-7170 ext. _ _ _ _ _

Study Area Code of Reporting Carrier

240515

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

06/16/2022

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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer

Donna M. Chatman

Date

6/7/2022

Printed name of Authorized Officer

Donna M. Chatman

Title or position of Authorized Officer

Vice President

Telephone number or Authorized Officer.

(602) 364 6000 ext. 6305

Study Area Code of Reporting Carrier

220369

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

06/16/2022

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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 **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer *Donna M. Chatman* Date *6/7/2022*

Printed name of Authorized Officer Donna M. Chatman

Title or position of Authorized Officer Vice President

Telephone number of Authorized Officer. (602) 364 6000 ext. 6305

Study Area Code of Reporting Carrier	220369	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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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 **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer

Donna M. Chatman

Date

6/7/2022

Printed name of Authorized Officer

Donna M. Chatman

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

(602) 364 6000 ext. 6305

Study Area Code of Reporting Carrier

220369

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

06/16/2022

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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, the 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 **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer

Donna M. Chatman

Date

6/7/2022

Printed name of Authorized Officer

Donna M. Chatman

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

(602) 364 6000 ext. 6305

Study Area Code of Reporting Carrier

220369

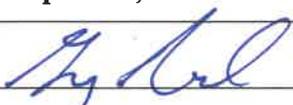
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2022

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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

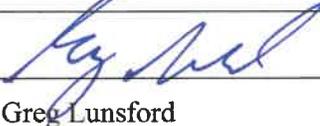
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Comporium, Inc.		
Signature of Authorized Officer		Date May 27, 2022	
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number of Authorized Officer.	(803)326-7170 ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	240542	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

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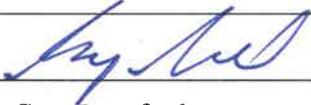
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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	Comporium, Inc.		
Signature of Authorized Officer		Date	May 27, 2022
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	(803)326-7170 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240542	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

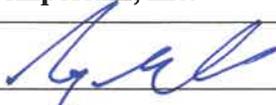
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier	Comporium, Inc.		
Signature of Authorized Officer		Date	May 27, 2022
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	(803)326-7170 ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	240542	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

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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, the 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	Comporium, Inc.		
Signature of Authorized Officer		Date	May 27, 2022
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	(803)326-7170 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240542	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

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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, the 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		Cross Tel. Co.	
Signature of Authorized Officer			Date 6/1/2022
Printed name of Authorized Officer		R David Wright	
Title or position of Authorized Officer		General Manager	
Telephone number or Authorized Officer.		(918) 463 2921 ext. 1222	
Study Area Code of Reporting Carrier	431985	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Cross Tel. Co.**

Signature of Authorized Officer  Date 6/11/2022

Printed name of Authorized Officer R David Wright

Title or position of Authorized Officer General Manager

Telephone number of Authorized Officer. (918) 463 2921 ext. 1222

Study Area Code of Reporting Carrier	431985	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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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 **Cross Tel. Co.**

Signature of Authorized Officer  Date **6/1/2022**

Printed name of Authorized Officer **R David Wright**

Title or position of Authorized Officer **General Manager**

Telephone number of Authorized Officer. **(918) 463 2921 ext. 1222**

Study Area Code of Reporting Carrier	431985	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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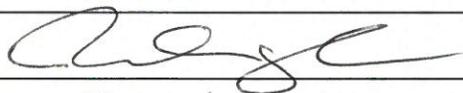
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Name of Reporting Carrier **Cross Tel. Co.**

Signature of Authorized Officer



Date

6/1/2022

Printed name of Authorized Officer

R David Wright

Title or position of Authorized Officer

General Manager

Telephone number or Authorized Officer.

(918) 463 2921 ext. 1222

Study Area Code of Reporting Carrier

431985

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

06/16/2022

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Eastex Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	05/24/22
Printed name of Authorized Officer	Steve Alexander		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(903) 854 1000 ext. _ _ _ _		
Study Area Code of Reporting Carrier	442068	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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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 **Eastex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Steve Alexander

Date

05/24/22

Printed name of Authorized Officer

Steve Alexander

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(903) 854 1000 ext. _ _ _ _ _

Study Area Code of Reporting Carrier

442068

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

06/16/2022

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Name of Reporting Carrier	Eastex Telephone Cooperative, Inc.		
Signature of Authorized Officer	<i>Steve Alexander</i>	Date	05/24/22
Printed name of Authorized Officer	Steve Alexander		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(903) 854 1000 ext. _ _ _ _		
Study Area Code of Reporting Carrier	442068	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.

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, the 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 **Eastex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Steve Alexander

Date
05/24/22

Printed name of Authorized Officer

Steve Alexander

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(903) 854 1000 ext. _ _ _ _ _

Study Area Code of Reporting Carrier

442068

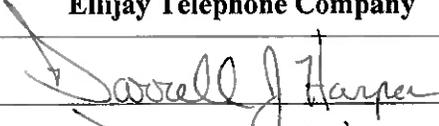
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2022

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

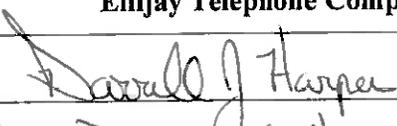
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier		Ellijay Telephone Company	
Signature of Authorized Officer		Date	6-9-2022
Printed name of Authorized Officer		DARRELL J HARPER	
Title or position of Authorized Officer		VP FINANCE / ADM	
Telephone number of Authorized Officer.		(706) 276 2271 ext. 5519	
Study Area Code of Reporting Carrier	220360	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

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

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

Name of Reporting Carrier		Ellijay Telephone Company	
Signature of Authorized Officer		Date	6-9-2022
Printed name of Authorized Officer		DARRELL J HARPER	
Title or position of Authorized Officer		VP FINANCE / ADM	
Telephone number of Authorized Officer.		(706) 276 2271 ext. 5519	
Study Area Code of Reporting Carrier	220360	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Ellijay Telephone Company**

Signature of Authorized Officer *[Handwritten Signature]* Date 6-9-2022

Printed name of Authorized Officer DARRELL HARPER

Title or position of Authorized Officer VP FINANCE / AOM

Telephone number or Authorized Officer. (706) 276 2271 ext. 5519

Study Area Code of Reporting Carrier	220360	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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		Ellijay Telephone Company	
Signature of Authorized Officer		Date	
Printed name of Authorized Officer		6-9-2022	
Title or position of Authorized Officer		VP FINANCE /AJM	
Telephone number or Authorized Officer.		(706) 276 2271 ext. 5519	
Study Area Code of Reporting Carrier	220360	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.			

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, the 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		Etex Telephone Cooperative, Inc.	
Signature of Authorized Officer		<i>Charlie Cano</i>	Date <i>5-25-22</i>
Printed name of Authorized Office		Charlie Cano	
Title or position of Authorized Officer		CEO/General Manager	
Telephone number or Authorized Officer.		(903) 797-1186	
Study Area Code of Reporting Carrier	442070	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.

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

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

Name of Reporting Carrier **Etex Telephone Cooperative, Inc.**

Signature of Authorized Officer *Charlie Cano* Date **5-25-22**

Printed name of Authorized Officer **Charlie Cano**

Title or position of Authorized Officer **CEO/General Manager**

Telephone number of Authorized Officer. **(903) 797-1186**

Study Area Code of Reporting Carrier	442070	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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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 **Etex Telephone Cooperative, Inc.**

Signature of Authorized Officer

Charlie Cano

Date

5-25-22

Printed name of Authorized Officer

Charlie Cano

Title or position of Authorized Officer

CEO/General Manager

Telephone number or Authorized Officer.

(903) 797-1186

Study Area Code of Reporting Carrier

442070

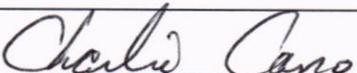
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2022

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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Etex Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	5-25-22
Printed name of Authorized Officer	Charlie Cano		
Title or position of Authorized Officer	CEO/General Manager		
Telephone number of Authorized Officer.	(903) 797-1186		
Study Area Code of Reporting Carrier	442070	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

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