

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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

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 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 *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
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 or 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

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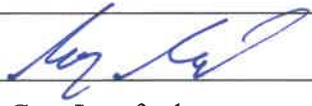
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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	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. ____ 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 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
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 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 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	<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	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

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

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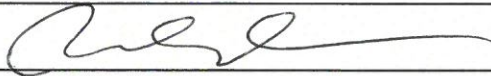
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

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

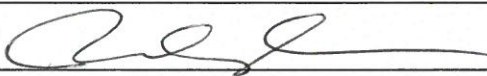
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Name of Reporting Carrier **Cross Tel. Co.**

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

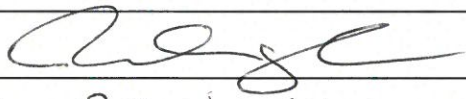
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Name of Reporting Carrier **Cross Tel. Co.**

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

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

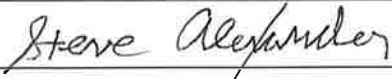
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2022

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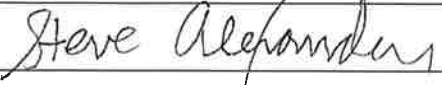
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier	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 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.			

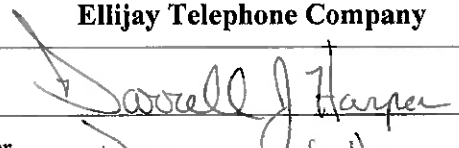
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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		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

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Name of Reporting Carrier		Ellijay Telephone Company	
Signature of Authorized Officer			Date 6-9-2022
Printed name of Authorized Officer		DARRELL S HARPER	
Title or position of Authorized Officer		VP FINANCE / ADM	
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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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

[Handwritten Signature]

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

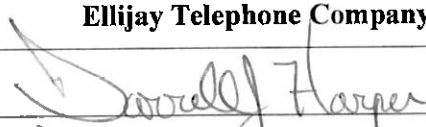
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2022

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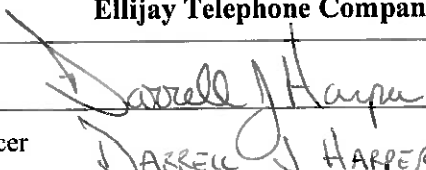
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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		Date	6-9-2022
Printed name of Authorized Officer	DARRELL HARPER		
Title or position of Authorized Officer	VP FINANCE / AOM		
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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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	
		6-9-2022	
Printed name of Authorized Officer		DARRELL J HARPER	
Title or position of Authorized Officer		VP FINANCE /ASM	
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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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

Charlie Cano

Date

5-25-22

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

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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 **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 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
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

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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