

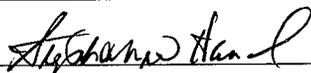
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Bruce Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/1/22

Printed name of Authorized Officer Stephanie Hand

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer. (601) 764-3463 ext. 8080

Study Area Code of Reporting Carrier

280447

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

06/16/2022

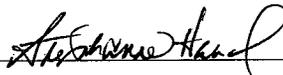
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Bruce Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/1/22

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764-3463 ext. 8080

Study Area Code of Reporting Carrier

280447

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

06/16/2022

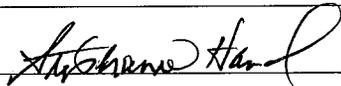
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Bruce Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/1/22

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

(601) 764-3463 ext. 8080

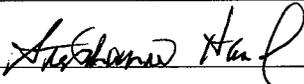
Study Area Code of Reporting Carrier

280447

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			
<p>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).</p>			
Name of Reporting Carrier		Bruce Telephone Company, Inc.	
Signature of Authorized Officer			Date 6/1/22
Printed name of Authorized Officer		Stephanie Hand	
Title or position of Authorized Officer		CFO	
Telephone number or Authorized Officer.		(601) 764-3463 ext. 8080	
Study Area Code of Reporting Carrier	280447	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

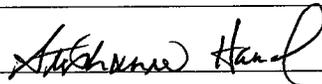
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Chickamauga Telephone Corporation**

Signature of Authorized Officer



Date

6/1/22

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

Telephone number of Authorized Officer. (601) 764-3463 ext. 8080

Study Area Code of Reporting Carrier

220354

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

06/16/2022

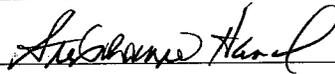
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Chickamauga Telephone Corporation**

Signature of Authorized Officer



Date

6/1/22

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764-3463 ext. 8080

Study Area Code of Reporting Carrier

220354

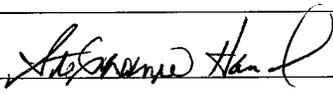
Filing Due Date for this form
(mm/dd/yyyy)

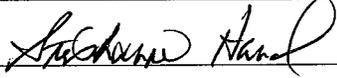
06/16/2022

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

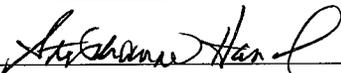
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier	Chickamauga Telephone Corporation		
Signature of Authorized Officer		Date	6/1/22
Printed name of Authorized Officer	Stephanie Hand		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(601) 764-3463 ext. 8080		
Study Area Code of Reporting Carrier	220354	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	
<p>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).</p>	
Name of Reporting Carrier	Chickamauga Telephone Corporation
Signature of Authorized Officer	
Printed name of Authorized Officer	Stephanie Hand
Title or position of Authorized Officer	CFO
Telephone number of Authorized Officer.	(601) 764-3463 ext. 8080
Study Area Code of Reporting Carrier	220354
Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>	

**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.

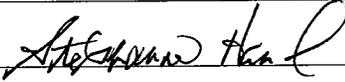
Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Fulton Telephone Company, Inc.		
Signature of Authorized Officer		Date	6/1/22
Printed name of Authorized Officer	Stephanie Hand		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(601) 764-3463 ext. 8080		
Study Area Code of Reporting Carrier	280455	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 **Fulton Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/1/22

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

(601) 764-3463 ext. 8080

Study Area Code of Reporting Carrier

280455

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 **Fulton Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/1/22

Printed name of Authorized Officer **Stephanie Hand**

Title or position of Authorized Officer **CFO**

Telephone number or Authorized Officer.

(601) 764-3463 ext. 8080

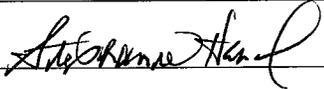
Study Area Code of Reporting Carrier

280455

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			
<p>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).</p>			
Name of Reporting Carrier		Fulton Telephone Company, Inc.	
Signature of Authorized Officer		Date	
		6/1/22	
Printed name of Authorized Officer		Stephanie Hand	
Title or position of Authorized Officer		CFO	
Telephone number of Authorized Officer.		(601) 764-3463 ext. 8080	
Study Area Code of Reporting Carrier	280455	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

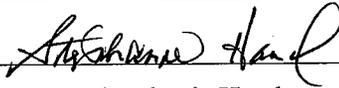
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Mound Bayou Telephone & Communications, Inc.**

Signature of Authorized Officer



Date

6/1/22

Printed name of Authorized Officer Stephanie Hand

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer. (601) 764-3463 ext. 8080

Study Area Code of Reporting Carrier

280462

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

06/16/2022

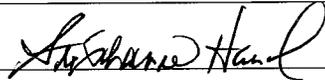
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **Mound Bayou Telephone & Communications, Inc.**

Signature of Authorized Officer



Date

6/1/22

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764-3463 ext. 8080

Study Area Code of Reporting Carrier

280462

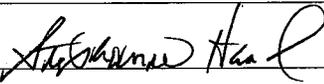
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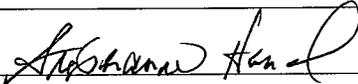
06/16/2022

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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		Mound Bayou Telephone & Communications, Inc.	
Signature of Authorized Officer		Date	6/1/22
Printed name of Authorized Officer		Stephanie Hand	
Title or position of Authorized Officer		CFO	
Telephone number or Authorized Officer.		(601) 764-3463 ext. 8080	
Study Area Code of Reporting Carrier	280462	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		Mound Bayou Telephone & Communications, Inc.	
Signature of Authorized Officer		Date	
		6/1/22	
Printed name of Authorized Officer		Stephanie Hand	
Title or position of Authorized Officer		CFO	
Telephone number of Authorized Officer.		(601) 764-3463 ext. 8080	
Study Area Code of Reporting Carrier	280462	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 **Farmers Telephone Cooperative, Inc.**

Signature of Authorized Officer *Mayme T. Carsten* Date *6/3/22*

Printed name of Authorized Officer Mayme T Carsten

Title or position of Authorized Officer Chief Financial Officer

Telephone number or Authorized Officer. (843) 382 1380 ext. _ _ _ _

Study Area Code of Reporting Carrier	240520	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 **Farmers Telephone Cooperative, Inc.**

Signature of Authorized Officer *Mayme T. Carsten* Date *6/3/22*

Printed name of Authorized Officer **Mayme T Carsten**

Title or position of Authorized Officer **Chief Financial Officer**

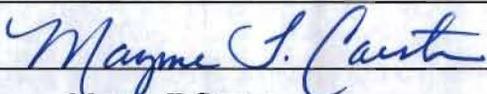
Telephone number or Authorized Officer. **(843) 382 1380** _ ext. _ _ _ _

Study Area Code of Reporting Carrier	240520		Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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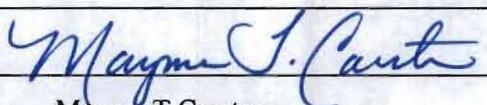
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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	Farmers Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	<u>6/3/22</u>
Printed name of Authorized Officer	Mayme T Carsten		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(843) 382 1380 ext. _____		
Study Area Code of Reporting Carrier	240520	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

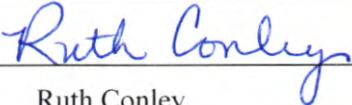
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Farmers Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	6/3/22
Printed name of Authorized Officer	Mayme T Carsten		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(843) 382 1380 _ ext. _ _ _ _		
Study Area Code of Reporting Carrier	240520	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	Foothills Rural Telephone Cooperative Corporation, Inc.		
Signature of Authorized Officer		Date	6-6-22
Printed name of Authorized Officer	Ruth Conley		
Title or position of Authorized Officer	CEO/GM		
Telephone number of Authorized Officer.	(606) 297 9131		
Study Area Code of Reporting Carrier	260406	Filing Due Date for this form (mm dd/yyyy)	06/16/2022
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

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	Foothills Rural Telephone Cooperative Corporation, Inc.		
Signature of Authorized Officer	<i>Ruth Conley</i>	Date	<i>6-6-22</i>
Printed name of Authorized Officer	Ruth Conley		
Title or position of Authorized Officer	CEO/GM		
Telephone number or Authorized Officer.	(606) 297 9131 ext. _ _ _ _		
Study Area Code of Reporting Carrier	260406	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	Foothills Rural Telephone Cooperative Corporation, Inc.		
Signature of Authorized Officer	<i>Ruth Conley</i>	Date	<i>6-6-22</i>
Printed name of Authorized Officer	Ruth Conley		
Title or position of Authorized Officer	CEO/GM		
Telephone number of Authorized Officer.	(606) 297 9131 ext. _____		
Study Area Code of Reporting Carrier	260406	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		Foothills Rural Telephone Cooperative Corporation, Inc.	
Signature of Authorized Officer	<i>Ruth Conley</i>	Date	<i>6-6-22</i>
Printed name of Authorized Officer	Ruth Conley		
Title or position of Authorized Officer	CEO/GM		
Telephone number or Authorized Officer.	(606) 297 9131 ext. _ _ _ _		
Study Area Code of Reporting Carrier	260406	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
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 **Fremont Telcom Co.**

Signature of Authorized Officer

Stacey Mueller

Date

6/14/2022

Printed name of Authorized Officer

Stacey Mueller

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(406) 541-5000

Study Area Code of Reporting Carrier

472222

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	Fremont Telcom Co.		
Signature of Authorized Officer	<i>Stacey Mueller</i>	Date	6/14/2022
Printed name of Authorized Officer	Stacey Mueller		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(406) 541-5000		
Study Area Code of Reporting Carrier	472222	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	Fremont Telecom Co.		
Signature of Authorized Officer	<i>Stacey Mueller</i>	Date	6/14/2022
Printed name of Authorized Officer	Stacey Mueller		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(406) 541-5000		
Study Area Code of Reporting Carrier	472222	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	Fremont Telcom Co.		
Signature of Authorized Officer	<i>Stacey Mueller</i>	Date	6/14/2022
Printed name of Authorized Officer	Stacey Mueller		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(406) 541-5000		
Study Area Code of Reporting Carrier	472222	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
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	Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company		
Signature of Authorized Officer		Date	6/8/2022
Printed name of Authorized Officer	James O Campbell		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(606) 479 6254 ext. _____		
Study Area Code of Reporting Carrier	260408	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 **Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company**

Signature of Authorized Officer  Date 6/8/2022

Printed name of Authorized Officer James O Campbell

Title or position of Authorized Officer CFO

Telephone number or Authorized Officer. (6 0 6) 4 7 9 6 2 5 4 ext.

Study Area Code of Reporting Carrier	260408	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 for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

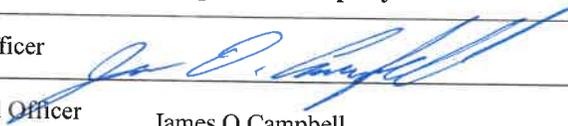
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier		Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company	
Signature of Authorized Officer		Date 6/8/2022	
Printed name of Authorized Officer		James O Campbell	
Title or position of Authorized Officer		CFO	
Telephone number or Authorized Officer.		(6 0 6) 4 7 9 6 2 5 4 ext. _____	
Study Area Code of Reporting Carrier	260408	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		Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company	
Signature of Authorized Officer		Date	6/8/2022
Printed name of Authorized Officer	James O Campbell		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(<u>6</u> <u>0</u> <u>6</u>) <u>4</u> <u>7</u> <u>9</u> <u>6</u> <u>2</u> <u>5</u> <u>4</u> ext. _____		
Study Area Code of Reporting Carrier	260408	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
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 **Goodman Telephone Company**

Signature of Authorized Officer <i>Wendy Ott</i>	Date 6/6/22
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Printed name of Authorized Officer Wendy Ottman

Title or position of Authorized Officer VP of Finance Central

Telephone number of Authorized Officer. (573) 835 4051 ext. _____

Study Area Code of Reporting Carrier	421886		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		Goodman Telephone Company	
Signature of Authorized Officer	<i>Wendy Ott</i>	Date	6/6/22
Printed name of Authorized Officer		Wendy Ottman	
Title or position of Authorized Officer		VP of Finance Central	
Telephone number or Authorized Officer.		(<u>573</u>) <u>835</u> <u>4051</u> ext. _____	
Study Area Code of Reporting Carrier	421886	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 **Goodman Telephone Company**

Signature of Authorized Officer *Wendy Ott* Date **6/6/22**

Printed name of Authorized Officer **Wendy Ottman**

Title or position of Authorized Officer **VP of Finance Central**

Telephone number or Authorized Officer. **(573) 835 4051 ext. _ _ _ _**

Study Area Code of Reporting Carrier	421886		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 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		Goodman Telephone Company	
Signature of Authorized Officer	<i>Wendy Ott</i>	Date	6/6/22
Printed name of Authorized Officer		Wendy Ottman	
Title or position of Authorized Officer		VP of Finance Central	
Telephone number or Authorized Officer.		(573) 835 4051 ext. _ _ _ _	
Study Area Code of Reporting Carrier	421886	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
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	Grand River Mutual Telephone Company		
Signature of Authorized Officer	x <i>Gregg Davis</i>	Date	5.16.22
Printed name of Authorized Officer	Gregg Davis		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(660) 748-3231 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351888	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	Grand River Mutual Telephone Company		
Signature of Authorized Officer <input checked="" type="checkbox"/>	<i>Gregg Davis</i>	Date	5.16.22
Printed name of Authorized Officer	Gregg Davis		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(660) 748-3231 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351888	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		Grand River Mutual Telephone Company	
Signature of Authorized Officer	<input checked="" type="checkbox"/> <i>Gregg Davis</i>	Date	5.16.22
Printed name of Authorized Officer		Gregg Davis	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer.		(660) 748-3231 ext. _ _ _ _	
Study Area Code of Reporting Carrier	351888	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 **Grand River Mutual Telephone Company**

Signature of Authorized Officer *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	351888	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
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 **Grand River Mutual Telephone Company**

Signature of Authorized Officer × *Gregg Davis* Date 5-16-22

Printed name of Authorized Officer Gregg Davis

Title or position of Authorized Officer President

Telephone number of Authorized Officer. (660) 748-3231 ext. _ _ _ _ _

Study Area Code of Reporting Carrier	421888	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		Grand River Mutual Telephone Company	
Signature of Authorized Officer	<i>x Gregg Davis</i>	Date	<i>5-16-22</i>
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	421888	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		Grand River Mutual Telephone Company	
Signature of Authorized Officer	x <i>Gregg Davis</i>	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	421888	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 **Grand River Mutual Telephone Company**

Signature of Authorized Officer *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	421888	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
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	Hancock Rural Telephone Corporation d/b/a NineStar Connect		
Signature of Authorized Officer		Date	06/07/2022
Printed name of Authorized Officer	Michael R. Burrow		
Title or position of Authorized Officer	President & CEO		
Telephone number of Authorized Officer.	(317) 326-3131		
Study Area Code of Reporting Carrier	320775	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 **Hancock Rural Telephone Corporation d/b/a NineStar Connect**

Signature of Authorized Officer



Date

06/07/2022

Printed name of Authorized Officer Michael R. Burrow

Title or position of Authorized Officer President & CEO

Telephone number or Authorized Officer. (317) 326-3131

Study Area Code of Reporting Carrier

320775

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 **Hancock Rural Telephone Corporation d/b/a NineStar Connect**

Signature of Authorized Officer



Date

06/07/2022

Printed name of Authorized Officer Michael R. Burrow

Title or position of Authorized Officer President & CEO

Telephone number of Authorized Officer. (317) 326-3131

Study Area Code of Reporting Carrier

320775

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 **Hancock Rural Telephone Corporation d/b/a NineStar Connect**

Signature of Authorized Officer



Date

06/07/2022

Printed name of Authorized Officer Michael R. Burrow

Title or position of Authorized Officer President & CEO

Telephone number or Authorized Officer. (317) 326-3131

Study Area Code of Reporting Carrier

320775

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
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	Hargray 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	240523	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	Hargray 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	240523	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 **Hargray 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

240523

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	Hargray 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	240523	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 **Heartland Telecommunications Company of Iowa d/b/a Premier Communications**

Signature of Authorized Officer *Ryan Boone*

Date 6/13/22

Printed name of Authorized Officer Ryan Boone

Title or position of Authorized Officer CEO

Telephone number of Authorized Officer. (712) 722-3451 ext. _ _ _ _ _

Study Area Code of Reporting Carrier **351096**

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	Heartland Telecommunications Company of Iowa d/b/a Premier Communications		
Signature of Authorized Officer	<i>Ryan Boone</i>	Date	6/13/22
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(712) 722-3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351096	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	Heartland Telecommunications Company of Iowa d/b/a Premier Communications		
Signature of Authorized Officer	<i>Ryan Boone</i>	Date	6/13/22
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	CEO		
Telephone number or Authorized Officer.	(712) 722-3451 ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	351096	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	Hospers Telephone Exchange, Inc.		
Signature of Authorized Officer	<i>Ryan Boone</i>	Date	6/13/22
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(712) 722-3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351202	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 **Hospers Telephone Exchange, Inc.**

Signature of Authorized Officer *Ryan Boone*

Date 6/13/22

Printed name of Authorized Officer **Ryan Boone**

Title or position of Authorized Officer **CEO**

Telephone number or Authorized Officer. **(712) 722-3451** ext. **_____**

Study Area Code of Reporting Carrier **351202**

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		Hospers Telephone Exchange, Inc.	
Signature of Authorized Officer		<i>Ryan Boone</i>	Date 6/13/22
Printed name of Authorized Officer		Ryan Boone	
Title or position of Authorized Officer		CEO	
Telephone number of Authorized Officer.		(712) 722-3451 ext. _ _ _ _	
Study Area Code of Reporting Carrier	351202	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		Hospers Telephone Exchange, Inc.	
Signature of Authorized Officer		<i>Ryan Boone</i>	Date 6/13/22
Printed name of Authorized Officer		Ryan Boone	
Title or position of Authorized Officer		CEO	
Telephone number of Authorized Officer.		(712) 722-3451 ext. _ _ _ _	
Study Area Code of Reporting Carrier	351202	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

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