

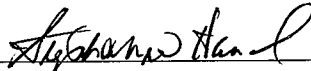
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

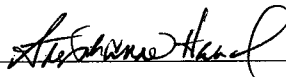
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

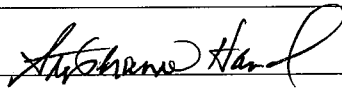
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

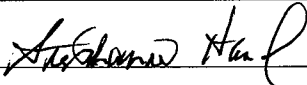
Study Area Code of Reporting Carrier

280447

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

06/16/2022

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<p align="center">Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</p> <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>			

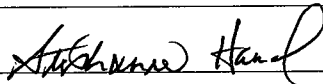
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 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

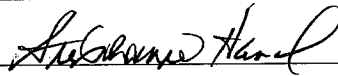
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **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

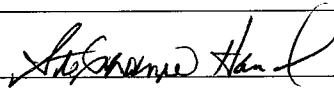
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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)

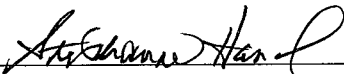

06/16/2022

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<p align="center">Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</p> <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		Date <u>6/1/22</u>	
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
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.

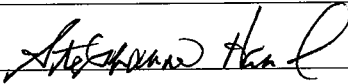
Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Fulton Telephone Company, Inc.		
Signature of Authorized Officer			Date 6/1/22
Printed name of Authorized Officer	Stephanie Hand		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(601) 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

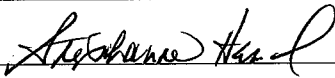
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

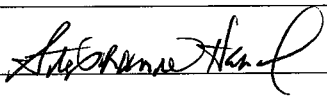
Study Area Code of Reporting Carrier

280455

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

06/16/2022

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<p align="center">Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</p> <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 <u>6/1/22</u> 	
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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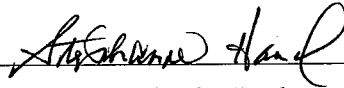
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

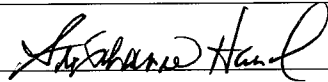
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 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

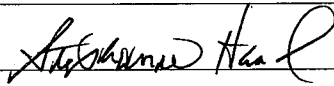
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

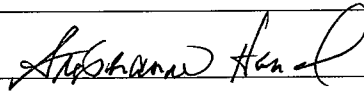
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 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
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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		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

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

Name of Reporting Carrier **Foothills Rural Telephone Cooperative Corporation, Inc.**

Signature of Authorized Officer

Ruth Conley

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

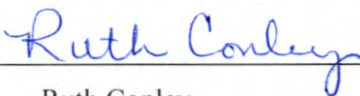
Filing Due Date for this form
(mm dd/yyyy)

06/16/2022

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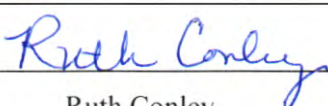
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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	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 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.			

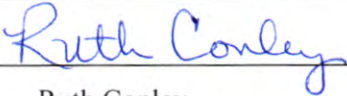
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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		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 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		Date	6-6-22
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)
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Name of Reporting Carrier	Fremont Telcom Co.
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Signature of Authorized Officer	<i>Stacey Mueller</i>	Date
---------------------------------	-----------------------	------

Date	6/14/2022
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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	
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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 **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 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 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 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

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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 **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 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) 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 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
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Title or position of Authorized Officer	CFO
-----------------------------------------	-----

Telephone number or Authorized Officer.	(6 0 6) 4 7 9 6 2 5 4 ext. _ _ _ _
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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
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Title or position of Authorized Officer	CFO
-----------------------------------------	-----

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

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 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

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

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

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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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

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

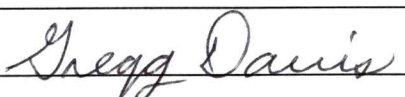
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2022

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**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 	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	<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	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 X

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

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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**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

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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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>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 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

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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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 x

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

Signature of Authorized Officer		Date
---------------------------------	-----------------------------------------------------------------------------------	------

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

Signature of Authorized Officer		Date
---------------------------------	-----------------------------------------------------------------------------------	------

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	
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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	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	
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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 **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 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

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