

**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 **Highland Telephone Cooperative**

Signature of Authorized Officer



Date 06/10/2022

Printed name of Authorized Officer
Denise Waybright

Title or position of Authorized Officer Office Manager

Telephone number or Authorized Officer. (540) 468 2133 ext. _____

Study Area Code of Reporting Carrier

190237

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	Highland Telephone Cooperative		
Signature of Authorized Officer		Date	06/10/2022
Printed name of Authorized Officer	Denise Waybright		
Title or position of Authorized Officer	Office Manager		
Telephone number of Authorized Officer.	(540) 468 2133 ext. _ _ _ _		
Study Area Code of Reporting Carrier	190237	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 **Highland Telephone Cooperative**

Signature of Authorized Officer



Date 06/10/2022

Printed name of Authorized Officer
Denise Waybright

Title or position of Authorized Officer
Office Manager

Telephone number or Authorized
Officer.

(540) 468 2133 ext. _____

Study Area Code of Reporting Carrier

190237

Filing Due Date for this form
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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 **Highland Telephone Cooperative**

Signature of Authorized Officer

Denise Waybright

Date 06/10/2022

Printed name of Authorized Officer
Denise Waybright

Title or position of Authorized Officer Office Manager

Telephone number of Authorized
Officer.

(540) 468 2133 ext. _ _ _ _

Study Area Code of Reporting Carrier

190237

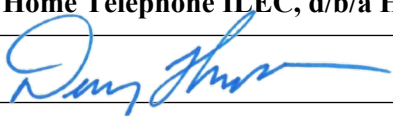
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2022

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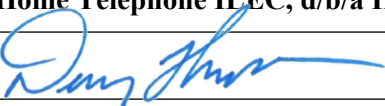
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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	Home Telephone ILEC, d/b/a Home Telecom				
Signature of Authorized Officer				Date	6/9/2022
Printed name of Authorized Officer	Denny Thompson				
Title or position of Authorized Officer	Director of External Affairs				
Telephone number of Authorized Officer.	(<u>843</u>) <u>761-9101</u> ext. <u> </u>				
Study Area Code of Reporting Carrier	240527		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	Home Telephone I LLC, d/b/a Home Telecom				
Signature of Authorized Officer				Date	6/9/2022
Printed name of Authorized Officer	Denny Thompson				
Title or position of Authorized Officer	Director of External Affairs				
Telephone number or Authorized Officer.	(843) 761-9101 ext. _____				
Study Area Code of Reporting Carrier	240527		Filing Due Date for this form (mm/dd/yyyy)	06/16/2022	
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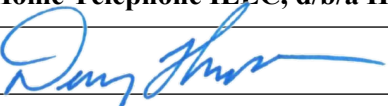
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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	Home Telephone ILEC, d/b/a Home Telecom				
Signature of Authorized Officer				Date	6/9/2022
Printed name of Authorized Officer	Denny Thompson				
Title or position of Authorized Officer	Director External Affairs				
Telephone number or Authorized Officer.	(843) 761-9101 __ ext. ____				
Study Area Code of Reporting Carrier	240527		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).

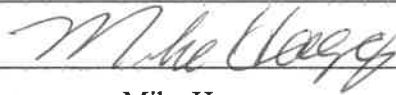
Name of Reporting Carrier	Home Telephone ILEC, d/b/a Home Telecom				
Signature of Authorized Officer				Date	6/9/2022
Printed name of Authorized Officer	Denny Thompson				
Title or position of Authorized Officer	Director of External Affairs				
Telephone number or Authorized Officer.	(843 _) 761-9101 _ _ ext. _ _ _ _				
Study Area Code of Reporting Carrier	240527		Filing Due Date for this form (mm/dd/yyyy)	06/16/2022	
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Name of Reporting Carrier **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/10/2022

Printed name of Authorized Officer

Mike Hagg

Title or position of Authorized Officer

CEO

Telephone number of Authorized
Officer.

(843) 365-2151 ext. _ _ _ _

Study Area Code of Reporting Carrier

240528

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		Horry Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date	
		6/10/2022	
Printed name of Authorized Officer		Mike Hagg	
Title or position of Authorized Officer		CEO	
Telephone number of Authorized Officer.		(843) 365-2151 ext. _ _ _ _	
Study Area Code of Reporting Carrier	240528	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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**Certification of Officer
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

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

Signature of Authorized Officer



Date

6/10/2022

Printed name of Authorized Officer Mike Hagg

Title or position of Authorized Officer CEO

Telephone number of Authorized Officer. (843) 365-2151 ext. _ _ _ _

Study Area Code of Reporting Carrier

240528

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 **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/10/2022

Printed name of Authorized Officer

Mike Hagg

Title or position of Authorized Officer

CEO

Telephone number or Authorized
Officer.

(843) 365-2151 ext. _ _ _ _

Study Area Code of Reporting Carrier

240528

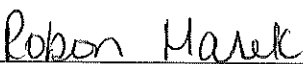
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**Certification of Officer
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I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an 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	Industry Telephone Company				
Signature of Authorized Officer			Date MAY 26, 2022		
Printed name of Authorized Officer	ROBIN MAREK				
Title or position of Authorized Officer	GENERAL MANAGER				
Telephone number of Authorized Officer.	(979) 357 4411 ext. 204				
Study Area Code of Reporting Carrier	442093		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		Industry Telephone Company	
Signature of Authorized Officer		<i>Robin Marek</i>	Date MAY 26, 2022
Printed name of Authorized Officer		ROBIN MAREK	
Title or position of Authorized Officer		GENERAL MANAGER	
Telephone number of Authorized Officer.		(979) 357 4411 ext. 204	
Study Area Code of Reporting Carrier	442093	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	Industry Telephone Company			
Signature of Authorized Officer	Robin Marek		Date	MAY 26, 2022
Printed name of Authorized Officer	ROBIN MAREK			
Title or position of Authorized Officer	GENERAL MANAGER			
Telephone number of Authorized Officer.	(_ 979 _) _ 357 _ 4411 ext. _ 204 _			
Study Area Code of Reporting Carrier	442093		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	Industry Telephone Company		
Signature of Authorized Officer	<i>Robin Marek</i>	Date	MAY 26, 2022
Printed name of Authorized Officer	ROBIN MAREK		
Title or position of Authorized Officer	GENERAL MANAGER		
Telephone number or Authorized Officer.	(<u>979</u>) <u>357</u> <u>4411</u> ext. <u>204</u>		
Study Area Code of Reporting Carrier	442093	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 **ITS Telecommunications Systems, Inc.**

Signature of Authorized Officer



Date

6/14/22

Printed name of Authorized Officer Bruce Russell

Title or position of Authorized Officer Director, Procurement

Telephone number of Authorized Officer. (772) 597-2106

Study Area Code of Reporting Carrier

210331

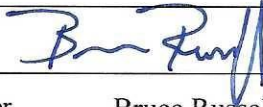
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(mm/dd/yyyy)

06/16/2022

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

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Name of Reporting Carrier	ITS Telecommunications Systems, Inc.		
Signature of Authorized Officer		Date	6/14/22
Printed name of Authorized Officer	Bruce Russell		
Title or position of Authorized Officer	Director, Procurement		
Telephone number or Authorized Officer.	(772) 597-2106		
Study Area Code of Reporting Carrier	210331	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

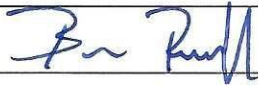
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **ITS Telecommunications Systems, Inc.**

Signature of Authorized Officer



Date

6/14/22

Printed name of Authorized Officer

Bruce Russell

Title or position of Authorized Officer

Director, Procurement

Telephone number or Authorized Officer.

(772) 597-2106

Study Area Code of Reporting Carrier

210331

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

06/16/2022

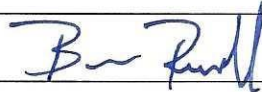
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **ITS Telecommunications Systems, Inc.**

Signature of Authorized Officer



Date

6/14/22

Printed name of Authorized Officer **Bruce Russell**

Title or position of Authorized Officer **Director, Procurement**

Telephone number or Authorized Officer.

(772) 597-2106

Study Area Code of Reporting Carrier

210331

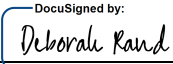
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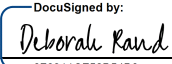
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Livingston Telephone Company		
Signature of Authorized Officer	 <small>876311CF52B54B8...</small>		Date 5/24/2022
Printed name of Authorized Officer	Deborah Rand		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(603-473)-9786 ext.		
Study Area Code of Reporting Carrier	442107		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

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Name of Reporting Carrier		Livingston Telephone Company	
Signature of Authorized Officer	<small>DocuSigned by:</small>  <small>876311CF52B54B8...</small>	Date	5/24/2022
Printed name of Authorized Officer	Deborah Rand		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	(603-472) -9786 ext.		
Study Area Code of Reporting Carrier	442107		Filing Due Date for this form (mm/dd/yyyy)
			06/16/2022
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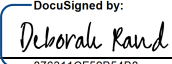
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Name of Reporting Carrier	Livingston Telephone Company				
Signature of Authorized Officer				Date	5/24/2022
Printed name of Authorized Officer	Deborah Rand				
Title or position of Authorized Officer	President				
Telephone number or Authorized Officer.	(603-472) -9786 ext.				
Study Area Code of Reporting Carrier	442107		Filing Due Date for this form (mm/dd/yyyy)	06/16/2022	
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Name of Reporting Carrier		Livingston Telephone Company	
Signature of Authorized Officer	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <small>DocuSigned by:</small>  <small>876311CF52B54B8...</small> </div>	Date	5/24/2022
Printed name of Authorized Officer	Deborah Rand		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	(603-472-9786 <div style="display: flex; justify-content: space-between; width: 100%;"> (_ _ _) _ _ _ _ _ ext. _ _ _ _ _ </div>		
Study Area Code of Reporting Carrier	442107		<div style="display: flex; justify-content: space-between;"> <div>Filing Due Date for this form (mm/dd/yyyy)</div> <div>06/16/2022</div> </div>
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)
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Name of Reporting Carrier	Lumos Telephone of Botetourt, Inc.
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Signature of Authorized Officer <i>Mary McDermott</i>	Date 05/31/2022
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Printed name of Authorized Officer	Mary McDermott
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Title or position of Authorized Officer	General Counsel
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Telephone number or Authorized Officer.	(540) 649 1710 ext. _ _ _ _
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Study Area Code of Reporting Carrier	190249		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	Lumos Telephone of Botetourt, Inc.
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Signature of Authorized Officer	<i>Mary McDermott</i>	Date 05/31/2022
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Printed name of Authorized Officer	Mary McDermott
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Title or position of Authorized Officer	General Counsel
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Telephone number or Authorized Officer.	(540) 649 1710 ext. _ _ _ _
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Study Area Code of Reporting Carrier	190249		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 **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer

Mary McDermott

Date **05/31/2022**

Printed name of Authorized Officer

Mary McDermott

Title or position of Authorized Officer

General Counsel

Telephone number of Authorized
Officer.

(540) 649 1710 ext. _ _ _ _

Study Area Code of Reporting Carrier

190249

Filing Due Date for this form
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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 **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer

Mary McDermott

Date **05/31/2022**

Printed name of Authorized Officer

Mary McDermott

Title or position of Authorized Officer

General Counsel

Telephone number of Authorized
Officer.

(540) 649 1710 ext. _ _ _ _

Study Area Code of Reporting Carrier

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