

**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 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

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

*Denise Waybright*

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)

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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

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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



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**

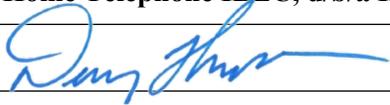
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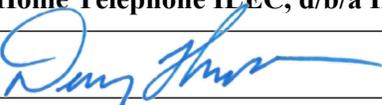
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**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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	<b>Home Telephone ILEC, d/b/a Home Telecom</b>		
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	<b>240527</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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**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	<b>Home Telephone ILEC, d/b/a Home Telecom</b>		
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.	( 843 ) 761-9101 ext. _____		
Study Area Code of Reporting Carrier	<b>240527</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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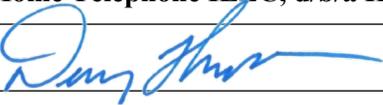
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Name of Reporting Carrier		<b>Home Telephone ILEC, d/b/a Home Telecom</b>	
Signature of Authorized Officer			Date 6/9/2022
Printed name of Authorized Officer		Denny Thompson	
Title or position of Authorized Officer		Director External Affairs	
Telephone number or Authorized Officer.		( 843 ) 761-9101 __ ext. ____	
Study Area Code of Reporting Carrier	<b>240527</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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**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).**

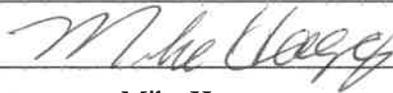
Name of Reporting Carrier	<b>Home Telephone ILEC, d/b/a Home Telecom</b>		
Signature of Authorized Officer		Date	6/9/2022
Printed name of Authorized Officer	Denny Thompson		
Title or position of Authorized Officer	Director of External Affairs		
Telephone number of Authorized Officer.	( 843 _ ) 761-9101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

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

Signature of Authorized Officer *Mike Hagg*                      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	<b>240528</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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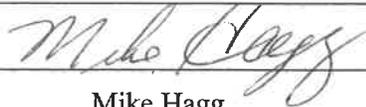
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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**

Filing Due Date for this form  
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
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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Name of Reporting Carrier	<b>Industry Telephone Company</b>		
Signature of Authorized Officer	<i>Robin Marek</i>	Date	<b>MAY 26, 2022</b>
Printed name of Authorized Officer	<b>ROBIN MAREK</b>		
Title or position of Authorized Officer	<b>GENERAL MANAGER</b>		
Telephone number of Authorized Officer.	<b>( 979 ) 357 4411 ext. 204</b>		
Study Area Code of Reporting Carrier	<b>442093</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>

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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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Name of Reporting Carrier		<b>Industry Telephone Company</b>	
Signature of Authorized Officer		<i>Robin Marek</i>	Date <b>MAY 26, 2022</b>
Printed name of Authorized Officer		<b>ROBIN MAREK</b>	
Title or position of Authorized Officer		<b>GENERAL MANAGER</b>	
Telephone number of Authorized Officer.		<b>( 979 ) 357 4411 ext. 204</b>	
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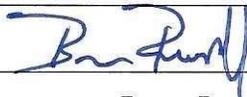
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

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**

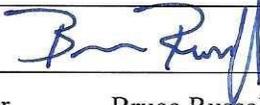
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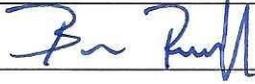
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Name of Reporting Carrier	<b>ITS Telecommunications Systems, Inc.</b>		
Signature of Authorized Officer		Date	<b>6/14/22</b>
Printed name of Authorized Officer	<b>Bruce Russell</b>		
Title or position of Authorized Officer	<b>Director, Procurement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

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Name of Reporting Carrier	<b>ITS Telecommunications Systems, Inc.</b>		
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	<b>210331</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

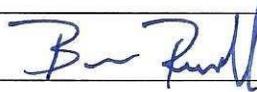
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Name of Reporting Carrier **ITS Telecommunications Systems, Inc.**

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  
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Livingston Telephone Company</b>		
Signature of Authorized Officer	<small>DocuSigned by:</small> <i>Deborah Rand</i> <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	<b>442107</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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Name of Reporting Carrier		<b>Livingston Telephone Company</b>	
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.	( 603-478 ) -9786      ext. _____		
Study Area Code of Reporting Carrier	<b>442107</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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Name of Reporting Carrier		<b>Livingston Telephone Company</b>	
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 or Authorized Officer.	( 603-472 ) -9786      ext.		
Study Area Code of Reporting Carrier	<b>442107</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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Name of Reporting Carrier		<b>Livingston Telephone Company</b>	
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	<b>442107</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>
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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	<b>Lumos Telephone of Botetourt, Inc.</b>				
Signature of Authorized Officer	<i>Mary McDermott</i>	Date <b>05/31/2022</b>			
Printed name of Authorized Officer	<b>Mary McDermott</b>				
Title or position of Authorized Officer	<b>General Counsel</b>				
Telephone number of Authorized Officer.	( 540 ) 649 1710 ext. _ _ _ _				
Study Area Code of Reporting Carrier	<b>190249</b>		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                      **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  
(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	<b>Lumos Telephone of Botetourt, Inc.</b>			
Signature of Authorized Officer	<i>Mary McDermott</i>	Date	<b>05/31/2022</b>	
Printed name of Authorized Officer	<b>Mary McDermott</b>			
Title or position of Authorized Officer	<b>General Counsel</b>			
Telephone number of Authorized Officer.	<b>( 540 ) 649 1710 ext. _ _ _ _</b>			
Study Area Code of Reporting Carrier	<b>190249</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>

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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	<b>Lumos Telephone of Botetourt, Inc.</b>		
Signature of Authorized Officer	<i>Mary McDermott</i>	Date	<b>05/31/2022</b>
Printed name of Authorized Officer	<b>Mary McDermott</b>		
Title or position of Authorized Officer	<b>General Counsel</b>		
Telephone number of Authorized Officer.	<b>( 540 ) 649 1710 ext. _ _ _ _</b>		
Study Area Code of Reporting Carrier	<b>190249</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>

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