

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 **Mark Twain Rural Telephone Company**

Signature of Authorized Officer



Date 6.7.2022

Printed name of Authorized Officer

Jim Lyon

Title or position of Authorized Officer

CEO & General Manager

Telephone number of Authorized Officer.

(660) 423-5211 ext. _ _ _ _

Study Area Code of Reporting Carrier

421914

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	Mark Twain Rural Telephone Company
---------------------------	---

Signature of Authorized Officer		Date 6.7.2022
---------------------------------	---	---------------

Printed name of Authorized Officer	Jim Lyon
------------------------------------	-----------------

Title or position of Authorized Officer	CEO & General Manager
---	----------------------------------

Telephone number or Authorized Officer.	(660) 423-5211 ext. _ _ _ _
---	--------------------------------------

Study Area Code of Reporting Carrier	421914		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	Mark Twain Rural Telephone Company
---------------------------	---

Signature of Authorized Officer		Date 6.7.2022
---------------------------------	---	---------------

Printed name of Authorized Officer	Jim Lyon
------------------------------------	-----------------

Title or position of Authorized Officer	CEO & General Manager
---	----------------------------------

Telephone number or Authorized Officer.	(660) 423-5211 ext. _ _ _ _
---	--------------------------------------

Study Area Code of Reporting Carrier	421914		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	Mark Twain Rural Telephone Company
---------------------------	---

Signature of Authorized Officer 	Date 6.7.2020
---	---------------

Printed name of Authorized Officer	Jim Lyon
------------------------------------	----------

Title or position of Authorized Officer	CEO & General Manager
---	-----------------------

Telephone number of Authorized Officer.	(660) 423-5211 ext. _ _ _ _
---	------------------------------

Study Area Code of Reporting Carrier	421914		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 **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer



Date 5/18/2022

Printed name of Authorized Officer Andrew Vargas

Title or position of Authorized Officer CEO/General Manager

Telephone number of Authorized Officer. (806) 668 4420 ext.

Study Area Code of Reporting Carrier

442112

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 **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer



Date 5/18/2022

Printed name of Authorized Officer Andrew Vargas

Title or position of Authorized Officer CEO/General Manager

Telephone number or Authorized
Officer.

(806) 668 4420 ext.

Study Area Code of Reporting Carrier

442112

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 **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer 	Date 5/18/2022
---	---------------------

Printed name of Authorized Officer Andrew Vargas

Title or position of Authorized Officer CEO/General Manager

Telephone number or Authorized Officer. (806) 668 4420 ext.

Study Area Code of Reporting Carrier 442112		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 **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer



Date

5/18/2022

Printed name of Authorized Officer Andrew Vargas

Title or position of Authorized Officer CEO/General Manager

Telephone number or Authorized Officer.

(806) 668 4420 ext. _ _ _ _

Study Area Code of Reporting Carrier

442112

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 **Millington Telephone Company, Inc.**

Signature of Authorized Officer

Robert Mouser

Date

5/27/22

Printed name of Authorized Officer

ROBERT MOUSER

Title or position of Authorized Officer

V.P.

Telephone number or Authorized
Officer.

(820) 429 1116 ext. *----*

Study Area Code of Reporting Carrier

290571


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

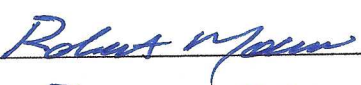
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier		Millington Telephone Company, Inc.	
Signature of Authorized Officer		Date	
		5/27/22	
Printed name of Authorized Officer		ROBERT MOUSER	
Title or position of Authorized Officer		V.P.	
Telephone number or Authorized Officer.		(820) 429 1116 ext. _____	
Study Area Code of Reporting Carrier	290571	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		Millington Telephone Company, Inc.	
Signature of Authorized Officer		Date	
		5/27/22	
Printed name of Authorized Officer		ROBERT MOUSER	
Title or position of Authorized Officer		V.P.	
Telephone number or Authorized Officer.		(820) 429 1116 ext. _____	
Study Area Code of Reporting Carrier	290571	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	Millington Telephone Company, Inc.		
Signature of Authorized Officer	<i>Robert Mouser</i>	Date	<i>5/27/22</i>
Printed name of Authorized Officer	<i>ROBERT MOUSER</i>		
Title or position of Authorized Officer	<i>V.P.</i>		
Telephone number of Authorized Officer.	<i>(870) 429 1116</i> ext. <i>----</i>		
Study Area Code of Reporting Carrier	290571	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 **Mt. Horeb Telephone Co.**

Signature of Authorized Officer



Date

5-17-2022

Printed name of Authorized Officer

John Van Oyen

Title or position of Authorized Officer

CEO / GM

Telephone number of Authorized Officer.

(608) 437 5551 ext.

Study Area Code of Reporting Carrier

330916

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 **Mt. Horeb Telephone Co.**

Signature of Authorized Officer



Date

5-17-2022

Printed name of Authorized Officer

John Van Oyen

Title or position of Authorized Officer

CEO / GM

Telephone number or Authorized
Officer.

(608) 437 5551 ext. _ _ _ _

Study Area Code of Reporting Carrier

330916

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		Mt. Horeb Telephone Co.	
Signature of Authorized Officer		Date <i>5-17-2022</i>	
Printed name of Authorized Officer		<i>John Van Oyen</i>	
Title or position of Authorized Officer		<i>CEO /cm</i>	
Telephone number or Authorized Officer.		<i>(608) 437 5551</i> ext. _____	
Study Area Code of Reporting Carrier	330916	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 **Mt. Horeb Telephone Co.**

Signature of Authorized Officer

Date

5-17-2022

Printed name of Authorized Officer

John Van Ooyen

Title or position of Authorized Officer

CEO / GM

Telephone number of Authorized Officer.

(608) 437 5551 ext. *----*

Study Area Code of Reporting Carrier

330916

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 **Matanuska Telephone Association**

Signature of Authorized Officer <i>Ryan Ponder</i>	Date 5/31/22
--	-----------------

Printed name of Authorized Officer Ryan Ponder

Title or position of Authorized Officer Director Legal, Regulatory & Govt. Affairs

Telephone number of Authorized Officer. (907) 761-2413 ext. _ _ _ _

Study Area Code of Reporting Carrier 613015		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	Matanuska Telephone Association
---------------------------	--

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

Printed name of Authorized Officer	Ryan Ponder
------------------------------------	--------------------

Title or position of Authorized Officer	Director Legal, Regulatory & Govt. Affairs
---	---

Telephone number or Authorized Officer.	(907) 761-2413 ext. _ _ _ _
---	------------------------------------

Study Area Code of Reporting Carrier	613015		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 **Matanuska Telephone Association**

Signature of Authorized Officer

Date

Printed name of Authorized Officer **Ryan Ponder**

Title or position of Authorized Officer **Director Legal, Regulatory & Govt. Affairs**

Telephone number or Authorized
Officer.

(907) 761-2413 ext. _ _ _ _

Study Area Code of Reporting Carrier

613015

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	Matanuska Telephone Association
---------------------------	--

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

Printed name of Authorized Officer	Ryan Ponder
------------------------------------	--------------------

Title or position of Authorized Officer	Director Legal, Regulatory & Govt. Affairs
---	---

Telephone number or Authorized Officer.	(907) 761-2413 ext. _ _ _ _
---	-----------------------------

Study Area Code of Reporting Carrier	613015		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	Mutual Telephone Company
---------------------------	--------------------------

Signature of Authorized Officer <i>Ryan Boone</i>	Date 6/13/22
---	--------------

Printed name of Authorized Officer	Ryan Boone
------------------------------------	------------

Title or position of Authorized Officer	CEO
---	-----

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

Study Area Code of Reporting Carrier	351252		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	Mutual Telephone Company
---------------------------	---------------------------------

Signature of Authorized Officer	Date 6/13/22
---------------------------------	--------------

Ryan Boone

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	351252		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	Mutual Telephone Company
---------------------------	---------------------------------

Signature of Authorized Officer <i>Ryan Boone</i>	Date 6/13/22
---	--------------

Printed name of Authorized Officer	Ryan Boone
------------------------------------	-------------------

Title or position of Authorized Officer	CEO
---	------------

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

Study Area Code of Reporting Carrier	351252		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	Mutual Telephone Company
---------------------------	---------------------------------

Signature of Authorized Officer	<i>Ryan Boone</i>
---------------------------------	-------------------

Date	6/13/22
------	---------

Printed name of Authorized Officer	Ryan Boone
------------------------------------	-------------------

Title or position of Authorized Officer	CEO
---	------------

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

Study Area Code of Reporting Carrier	351252		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	Northern Iowa Telephone Company
---------------------------	---------------------------------

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	351259		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	Northern Iowa Telephone Company
---------------------------	--

Signature of Authorized Officer	<i>Ryan Boone</i>
---------------------------------	-------------------

Date 6/13/22

Printed name of Authorized Officer	Ryan Boone
------------------------------------	-------------------

Title or position of Authorized Officer	CEO
---	------------

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

Study Area Code of Reporting Carrier

351259

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	Northern Iowa Telephone Company
---------------------------	--

Signature of Authorized Officer <i>Ryan Boone</i>	Date 6/13/22
---	--------------

Printed name of Authorized Officer	Ryan Boone
------------------------------------	-------------------

Title or position of Authorized Officer	CEO
---	------------

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

Study Area Code of Reporting Carrier	351259		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 **Northern Iowa Telephone Company**

Signature of Authorized Officer *Ryan Boone*

Date 6/13/22

Printed name of Authorized Officer **Ryan Boone**

Title or position of Authorized Officer **CEO**

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

Study Area Code of Reporting Carrier **351259**

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.