

**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 **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer *Randall Lis* Date June 3, 2022

Printed name of Authorized Officer
Randall Lis

Title or position of Authorized Officer General Manager

Telephone number of Authorized Officer. (864) 683-3700 ext. _ _ _ _

Study Area Code of Reporting Carrier	240538		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 **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer

Randall Lis

Date June 3, 2022

Printed name of Authorized Officer
Randall Lis

Title or position of Authorized Officer **General Manager**

Telephone number or Authorized
Officer.

(864) 683-3700 ext. _ _ _ _

Study Area Code of Reporting Carrier

240538

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 **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date June 3, 2022

Printed name of Authorized Officer
Randall Lis

Title or position of Authorized Officer General Manager

Telephone number or Authorized
Officer.

(864) 683-3700 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	Piedmont Rural Telephone Cooperative, Inc.
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Signature of Authorized Officer		Date June 3, 2022
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Printed name of Authorized Officer Randall Lis

Title or position of Authorized Officer	General Manager
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Telephone number or Authorized Officer.	(864) 683-3700 ext. _ _ _ _
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Study Area Code of Reporting Carrier	240538		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	Pineland Telephone Cooperative, Inc.				
Signature of Authorized Officer				Date	6/1/22
Printed name of Authorized Officer	Dustin Darden				
Title or position of Authorized Officer	CEO				
Telephone number of Authorized Officer.	(912) 685 2121 ext. ____				
Study Area Code of Reporting Carrier	220377		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 **Pineland Telephone Cooperative, Inc.**

Signature of Authorized Officer  Date **6/1/22**

Printed name of Authorized Officer **Dustin Darden**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer. **(912) 685 2121** ext. **----**

Study Area Code of Reporting Carrier	220377		Filing Due Date for this form (mm/dd/yyyy)	06/16/2022	
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Name of Reporting Carrier **Pineland Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/1/22

Printed name of Authorized Officer

Dustin Parker

Title or position of Authorized Officer

CEO

Telephone number of Authorized Officer.

(912) 685 2121 ext. _ _ _ _

Study Area Code of Reporting Carrier

220377

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

06/16/2022

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

Signature of Authorized Officer



Date

6/1/22

Printed name of Authorized Officer

Dustin Darden

Title or position of Authorized Officer

CEO

Telephone number of Authorized Officer.

(912) 685-2121 ext. _____

Study Area Code of Reporting Carrier

220377


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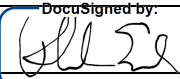
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I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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	Ringgold Telephone Company		
Signature of Authorized Officer		Date	5/31/2022
Printed name of Authorized Officer	Phil Erli		
Title or position of Authorized Officer	Executive Vice President		
Telephone number of Authorized Officer.	(7 0 6) 9 6 5 1 2 5 3 ext. _ _ _ _		
Study Area Code of Reporting Carrier	220382	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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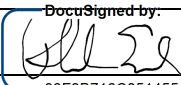
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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		Ringgold Telephone Company	
Signature of Authorized Officer		Date	5/31/2022
Printed name of Authorized Officer	<small>DocuSigned by:</small> <small>03F3B716C851455...</small> Phil Erli		
Title or position of Authorized Officer	Executive Vice President		
Telephone number or Authorized Officer.	(7 0 6) 9 6 5 1 2 5 3 ext. _ _ _ _		
Study Area Code of Reporting Carrier	220382	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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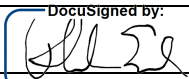
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier		Ringgold Telephone Company	
Signature of Authorized Officer		Date	5/31/2022
Printed name of Authorized Officer	<small>DocuSigned by: 03F3B716C851455...</small> Phil Erli		
Title or position of Authorized Officer	Executive Vice President		
Telephone number or Authorized Officer.	(<u>7</u> <u>0</u> <u>6</u>) <u>9</u> <u>6</u> <u>5</u> <u>1</u> <u>2</u> <u>5</u> <u>3</u> ext. _ _ _ _		
Study Area Code of Reporting Carrier	220382		Filing Due Date for this form (mm/dd/yyyy)
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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		Ringgold Telephone Company	
Signature of Authorized Officer		Date	5/31/2022
Printed name of Authorized Officer	<small>DocuSigned by:</small> <small>03F3B716C851455...</small> Phil Erli		
Title or position of Authorized Officer	Executive Vice President		
Telephone number or Authorized Officer.	(7 0 6) 9 6 5 1 2 5 3 ext. _ _ _ _		
Study Area Code of Reporting Carrier	220382	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 **Seneca 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

421945

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 **Seneca Telephone Company**

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

Title or position of Authorized Officer VP of Finance Central

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

Study Area Code of Reporting Carrier

421945

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

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Name of Reporting Carrier **Seneca 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

421945

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

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Name of Reporting Carrier **Seneca Telephone Company**

Signature of Authorized Officer <i>Wendy Ott</i>	Date 6/6/22
--	----------------

Printed name of Authorized Officer Wendy Ottman

Title or position of Authorized Officer VP of Finance Central

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

Study Area Code of Reporting Carrier

421945

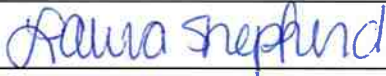
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Skyline Telephone Membership Corporation		
Signature of Authorized Officer		Date	6/8/2022
Printed name of Authorized Officer	Laura Shepherd		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer.	(336) 876-6382 ext. _ _ _ _		
Study Area Code of Reporting Carrier	230501	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	Skyline Telephone Membership Corporation
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Signature of Authorized Officer	<i>Laura Shepherd</i>	Date	<i>4/8/2022</i>
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Printed name of Authorized Officer	Laura Shepherd
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Title or position of Authorized Officer	Chief Financial Officer
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Telephone number or Authorized Officer.	(336) 876-6382 ext. _ _ _ _
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Study Area Code of Reporting Carrier	230501		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

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Name of Reporting Carrier	Skyline Telephone Membership Corporation
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Signature of Authorized Officer	<i>Laura Shepherd</i>	Date	<i>6/8/2022</i>
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Title or position of Authorized Officer	Chief Financial Officer
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Telephone number or Authorized Officer.	(336) 876-6382 ext. _ _ _ _
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Study Area Code of Reporting Carrier	230501		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 **Skyline Telephone Membership Corporation**

Signature of Authorized Officer

Laura Shepherd

Date

6/8/2022

Printed name of Authorized Officer

Laura Shepherd

Title or position of Authorized Officer

Chief Financial Officer

Telephone number or Authorized Officer.

(336) 876-6382 ext. _ _ _ _

Study Area Code of Reporting Carrier

230501

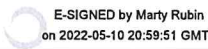
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)				
Name of Reporting Carrier	Smart City Telecommunications LLC d/b/a Smart City Telecom				
Signature of Authorized Officer				Date	May 10, 2022
Printed name of Authorized Officer	Martin Rubin				
Title or position of Authorized Officer	President & CEO				
Telephone number of Authorized Officer.	(407) 828-6659 ext. _ _ _ _				
Study Area Code of Reporting Carrier	210330		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	Smart City Telecommunications LLC d/b/a Smart City Telecom
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Signature of Authorized Officer	 E-SIGNED by Marty Rubin on 2022-05-10 20:59:57 GMT	Date May 10, 2022
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Printed name of Authorized Officer	Martin Rubin
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Title or position of Authorized Officer	President & CEO
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Telephone number or Authorized Officer.	(407) 828-6659 ext. _ _ _ _
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Study Area Code of Reporting Carrier	210330		Filing Due Date for this form (mm/dd/yyyy)	06/16/2022	
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Name of Reporting Carrier	Smart City Telecommunications LLC d/b/a Smart City Telecom
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Signature of Authorized Officer		Date May 10, 2022
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E-SIGNED by Marty Rubin
on 2022-05-10 21:01:07 GMT

Printed name of Authorized Officer	Martin Rubin
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Title or position of Authorized Officer	President & CEO
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Telephone number or Authorized Officer.	(407) 828-6659 ext. _ _ _ _
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Study Area Code of Reporting Carrier	210330		Filing Due Date for this form (mm/dd/yyyy)	06/16/2022	
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Name of Reporting Carrier	Smart City Telecommunications LLC d/b/a Smart City Telecom
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Signature of Authorized Officer	 E-SIGNED by Marty Rubin on 2022-05-10 20:59:17 GMT	Date	 M.R.
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Printed name of Authorized Officer	Martin Rubin
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Title or position of Authorized Officer	President & CEO
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Telephone number or Authorized Officer.	(407) 828-6659 ext. _ _ _ _
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Study Area Code of Reporting Carrier	210330		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 **Smithville Telephone Company, Inc.**

Signature of Authorized Officer



Date 5/26/2022

Printed name of Authorized Officer Roger V. Thompson

Title or position of Authorized Officer President

Telephone number of Authorized Officer. (662) 651-4131 _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

280467


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.

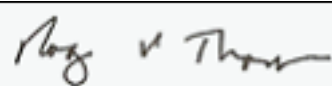
Name of Reporting Carrier	Smithville Telephone Company, Inc.			
Signature of Authorized Officer			Date 5/26/2022	
Printed name of Authorized Officer	Roger V. Thompson			
Title or position of Authorized Officer	President			
Telephone number or Authorized Officer.	(662) 651-4131 _ _ _ _ _ ext. _ _ _ _ _			
Study Area Code of Reporting Carrier	280467		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 **Smithville Telephone Company, Inc.**

Signature of Authorized Officer



Date 5/26/2022

Printed name of Authorized Officer

Roger V. Thompson

Title or position of Authorized Officer

President

Telephone number or Authorized
Officer.

(662) 651-4131 _ _ _ _ ext. _ _ _ _

Study Area Code of Reporting Carrier

280467

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

06/16/2022

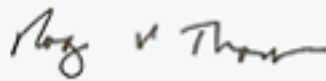
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Smithville Telephone Company, Inc.**

Signature of Authorized Officer



Date 5/26/2022

Printed name of Authorized Officer Roger V. Thompson

Title or position of Authorized Officer President

Telephone number or Authorized Officer. (662) 651-4131 _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

280467

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