

**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	<b>240538</b>		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

*R. 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		<b>Piedmont Rural Telephone Cooperative, Inc.</b>	
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	<b>240538</b>	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 **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)

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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>Pineland Telephone Cooperative, Inc.</b>		
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	<b>220377</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>
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Name of Reporting Carrier		<b>Pineland Telephone Cooperative, Inc.</b>	
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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**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>Pineland Telephone Cooperative, Inc.</b>	
Signature of Authorized Officer			Date <b>6/1/22</b>
Printed name of Authorized Officer		<i>Dustin Darden</i>	
Title or position of Authorized Officer		<i>CEO</i>	
Telephone number or Authorized Officer.		<i>(912) 685-2121</i> ext. _____	
Study Area Code of Reporting Carrier	<b>220377</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>

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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>Ringgold Telephone Company</b>		
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	<b>220382</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>Ringgold Telephone Company</b>	
Signature of Authorized Officer	<small>DocuSigned by:</small> 	Date	5/31/2022
Printed name of Authorized Officer	<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	<b>220382</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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Name of Reporting Carrier		<b>Ringgold Telephone Company</b>			
Signature of Authorized Officer	<small>DocuSigned by:</small> 	Date 5/31/2022			
Printed name of Authorized Officer	<small>03F3B716C851455...</small> <b>Phil Erli</b>				
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	<b>220382</b>		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		<b>Ringgold Telephone Company</b>	
Signature of Authorized Officer	<small>DocuSigned by:</small> 	Date	5/31/2022
Printed name of Authorized Officer	<small>03F3B716C851455...</small> <b>Phil Erli</b>		
Title or position of Authorized Officer	<b>Executive Vice President</b>		
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	<b>220382</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                      **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 of Authorized Officer.      ( 573 ) 835 4051 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>421945</b>		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		<b>Seneca Telephone Company</b>	
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	<b>421945</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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Name of Reporting Carrier		<b>Seneca Telephone Company</b>	
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.		( <u>573</u> ) <u>835</u> <u>4051</u> ext. <u>    </u>	
Study Area Code of Reporting Carrier	<b>421945</b>	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		<b>Seneca Telephone Company</b>	
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	<b>421945</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>
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**Certification of Officer  
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Skyline Telephone Membership Corporation		
Signature of Authorized Officer	<i>Laura Shepherd</i>	Date	<i>6/8/2022</i>
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	<b>230501</b>	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**

Signature of Authorized Officer

*Laura Shepherd*

Date

*4/8/2022*

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**

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

06/16/2022

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Name of Reporting Carrier	<b>Skyline Telephone Membership Corporation</b>		
Signature of Authorized Officer	<i>Laura Shepherd</i>	Date	<i>6/8/2022</i>
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	<b>230501</b>	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	<b>Skyline Telephone Membership Corporation</b>		
Signature of Authorized Officer	<i>Laura Shepherd</i>	Date	<i>6/8/2022</i>
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	<b>230501</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>
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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

 E-SIGNED by Marty Rubin  
on 2022-05-10 20:59:51 GMT

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**

**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 **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer

 E-SIGNED by Marty Rubin  
on 2022-05-10 20:59:57 GMT

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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Name of Reporting Carrier		Smart City Telecommunications LLC d/b/a Smart City Telecom			
Signature of Authorized Officer		E-SIGNED by Marty Rubin on 2022-05-10 21:01:07 GMT		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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Name of Reporting Carrier		Smart City Telecommunications LLC d/b/a Smart City Telecom	
Signature of Authorized Officer		E-SIGNED by Marty Rubin on 2022-05-10 20:59:17 GMT	Date M.R.
Printed name of Authorized Officer		Martin Rubin	
Title or position of Authorized Officer		President & CEO	
Telephone number or 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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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Smithville Telephone Company, Inc.</b>		
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	<b>280467</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.**

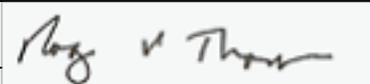
Name of Reporting Carrier	<b>Smithville Telephone Company, Inc.</b>		
Signature of Authorized Officer		Date	5/26/2022
Printed name of Authorized Officer	Roger V. Thompson		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	(662) 651-4131 _ _ _ _ _ ext. _ _ _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

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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>Smithville Telephone Company, Inc.</b>		
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	<b>280467</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>
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