

**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	Tri County Telephone Association, Inc.		
Signature of Authorized Officer	<i>Paula Riley</i>	Date	<i>5/17/2022</i>
Printed name of Authorized Officer	<i>Paula Riley</i>		
Title or position of Authorized Officer	<i>Controller</i>		
Telephone number of Authorized Officer.	<i>(307) 568 8231</i> ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>512296</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>
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 **Tri County Telephone Association, Inc.**

Signature of Authorized Officer

*Paula Riley*

Date

*5/17/2022*

Printed name of Authorized Officer

*Paula Riley*

Title or position of Authorized Officer

*Controller*

Telephone number or Authorized Officer.

*(307) 548 8231* ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**512296**

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>Tri County Telephone Association, Inc.</b>	
Signature of Authorized Officer	<i>Paula Riley</i>	Date	<i>5/17/2022</i>
Printed name of Authorized Officer	<i>Paula Riley</i>		
Title or position of Authorized Officer	<i>Controller</i>		
Telephone number or Authorized Officer.	<i>(307) 568 8231</i> ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>512296</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>Tri County Telephone Association, Inc.</b>		
Signature of Authorized Officer	<i>Paula Riley</i>	Date	<i>5/17/2022</i>
Printed name of Authorized Officer	<i>Paula Riley</i>		
Title or position of Authorized Officer	<i>Controller</i>		
Telephone number or Authorized Officer.	<i>(307) 568 8231</i> ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>512296</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>

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Name of Reporting Carrier **Tri-County 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.

*( 870 ) 429 1116* ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**401726**

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

**06/16/2022**

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Name of Reporting Carrier		Tri-County Telephone Company, Inc.	
Signature of Authorized Officer		Date	
		5/27/22	
Printed name of Authorized Officer		ROBERT MOUSON	
Title or position of Authorized Officer		V.P.	
Telephone number of Authorized Officer.		(820) 429 1116 ext. _____	
Study Area Code of Reporting Carrier	401726	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 **Tri-County 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.

*( 800 ) 429 1116* ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

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(mm/dd/yyyy)

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Tri-County 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 of Authorized Officer.	(870) 429 1116 ext. _____		
Study Area Code of Reporting Carrier	401726	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

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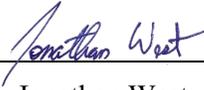
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Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Twin Lakes Telephone Cooperative Corp.**

Signature of Authorized Officer



Date **5-20-2022**

Printed name of Authorized Officer

Jonathan West

Title or position of Authorized Officer      General Manager / CEO

Telephone number of Authorized Officer.      (931) 268-2151

Study Area Code of Reporting Carrier

**290579**

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

06/16/2022

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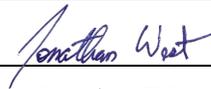
Name of Reporting Carrier	<b>Twin Lakes Telephone Cooperative Corp.</b>		
Signature of Authorized Officer		Date	<b>5-20-2022</b>
Printed name of Authorized Officer	Jonathan West		
Title or position of Authorized Officer	General Manager / CEO		
Telephone number or Authorized Officer.	(931) 268-2151		
Study Area Code of Reporting Carrier	<b>290579</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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Name of Reporting Carrier **Twin Lakes Telephone Cooperative Corp.**

Signature of Authorized Officer



Date **5-20-2022**

Printed name of Authorized Officer

Jonathan West

Title or position of Authorized Officer

General Manager / CEO

Telephone number or Authorized Officer.

**(931) 268-2151**

Study Area Code of Reporting Carrier

**290579**

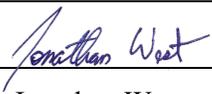
Filing Due Date for this form  
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**06/16/2022**

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Name of Reporting Carrier	<b>Twin Lakes Telephone Cooperative Corp.</b>		
Signature of Authorized Officer		Date	<b>5-20-2022</b>
Printed name of Authorized Officer	Jonathan West		
Title or position of Authorized Officer	General Manager / CEO		
Telephone number or Authorized Officer.	(931) 268-2151		
Study Area Code of Reporting Carrier	<b>290579</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	Union Telephone Company		
Signature of Authorized Officer			Date 5/18/2022
Printed name of Authorized Officer:	Brian Woody		
Title or position of Authorized Officer	CCRO		
Telephone number of Authorized Officer.	( 307 ) 782-6131 ext. _ _ _ _		
Study Area Code of Reporting Carrier	512297		Filing Due Date for this form (mm/dd/yyyy) 06/16/2022
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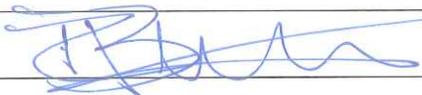
Name of Reporting Carrier		Union Telephone Company		
Signature of Authorized Officer			Date	
Printed name of Authorized Officer		Brian Woody		
Title or position of Authorized Officer		CCRO		
Telephone number of Authorized Officer.		( 307 ) 782-6131 ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	512297		Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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Name of Reporting Carrier                      **Union Telephone Company**

Signature of Authorized Officer



Date

**5/18/2022**

Printed name of Authorized Officer                      **Brian Woody**

Title or position of Authorized Officer                      **CCRO**

Telephone number of Authorized Officer.

**( 307 ) 782-6131 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**512297**

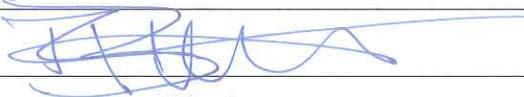
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**06/16/2022**

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

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier		<b>Union Telephone Company</b>	
Signature of Authorized Officer			Date <b>5/18/2022</b>
Printed name of Authorized Officer		<b>Brian Woody</b>	
Title or position of Authorized Officer		<b>CCRO</b>	
Telephone number of Authorized Officer.		<b>(307) 782-6131 ext. _ _ _ _</b>	
Study Area Code of Reporting Carrier	<b>512297</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	Union Springs Telephone Company		
Signature of Authorized Officer		Date	5/23/2022
Printed name of Authorized Officer	Tammy U. Torrey		
Title or position of Authorized Officer	Vice President, Operations		
Telephone number of Authorized Officer.	(601) 384-3350 ext. _ _ _ _		
Study Area Code of Reporting Carrier	250322	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

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Name of Reporting Carrier                      **Union Springs Telephone Company**

Signature of Authorized Officer

*Tammy U. Torrey*

Date

5/23/2022

Printed name of Authorized Officer

Tammy U Torrey

Title or position of Authorized Officer

Vice President, Operations

Telephone number of Authorized Officer.

( 601) 384-3350 ext. \_ \_ \_ \_ \_

Study Area Code of Reporting Carrier

**250322**

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

06/16/2022

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Name of Reporting Carrier                      **Union Springs Telephone Company**

Signature of Authorized Officer	<i>Tammy U. Torrey</i>	Date	5/23/2022
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Printed name of Authorized Officer                      Tammy U Torrey

Title or position of Authorized Officer                      Vice President, Operations

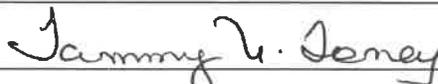
Telephone number of Authorized Officer.                      ( 601 ) 384-3350 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier	<b>250322</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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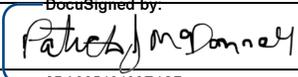
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Name of Reporting Carrier	<b>Union Springs Telephone Company</b>		
Signature of Authorized Officer		Date	5/23/2022
Printed name of Authorized Officer	Tammy U Torrey		
Title or position of Authorized Officer	Vice President, Operations		
Telephone number of Authorized Officer.	( 601 ) 384-3350 ext. _ _ _ _		
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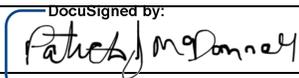
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Valley Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer	<small>DocuSigned by:</small> 	Date	6/10/2022
Printed name of Authorized Officer	<small>0DA86546483E4C7...</small> Patrick McDonnell		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number of Authorized Officer.	( 956 ) 746 5113 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>442159</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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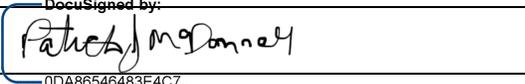
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Signature of Authorized Officer	<small>DocuSigned by:</small> 	Date	6/10/2022
Printed name of Authorized Officer	<small>0DA86546483E4C7...</small> Patrick McDonnell		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number or Authorized Officer.	( 956 ) 746 5113 ext. _ _ _ _		
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Signature of Authorized Officer		Date	6/10/2022
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Title or position of Authorized Officer	Chief Executive Officer		
Telephone number or Authorized Officer.	( 956 ) 746 5113 ext. _ _ _ _		
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Signature of Authorized Officer		Date	6/10/2022
Printed name of Authorized Officer	Patrick McDonnell		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number or Authorized Officer.	( 956 ) 746 5113 ext. _ _ _ _		
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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>Webb-Dickens Telephone Corporation</b>				
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	<b>351327</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		<b>Webb-Dickens Telephone Corporation</b>	
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	<b>351327</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 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>Webb-Dickens Telephone Corporation</b>	
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	<b>351327</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>Webb-Dickens Telephone Corporation</b>	
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	<b>351327</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                      **West Carolina Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer

Date

*05/31/2022*

Printed name of Authorized Officer                      Lance A. Tade

Title or position of Authorized Officer                      Chief Financial Officer

Telephone number of Authorized Officer.                      ( 864) 446-9256 ext. \_ \_ \_ \_ \_

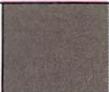
Study Area Code of Reporting Carrier

**240550**



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

06/16/2022



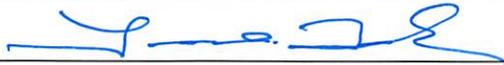
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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                      **West Carolina Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

*05/31/2022*

Printed name of Authorized Officer                      Lance A. Tade

Title or position of Authorized Officer                      Chief Financial Officer

Telephone number or Authorized Officer.

( 864) 446-9256

Study Area Code of Reporting Carrier

**240550**

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**

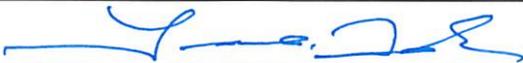
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier		<b>West Carolina Rural Telephone Cooperative, Inc.</b>	
Signature of Authorized Officer			Date <b>05/31/2022</b>
Printed name of Authorized Officer		Lance A. Tade	
Title or position of Authorized Officer		Chief Financial Officer	
Telephone number of Authorized Officer.		<b>(864) 446-9256</b>	
Study Area Code of Reporting Carrier	<b>240550</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>
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 **West Carolina Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer  Date **05/31/2022**

Printed name of Authorized Officer **Lance A. Tade**

Title or position of Authorized Officer **Chief Financial Officer**

Telephone number of Authorized Officer. **(864) 446-9256**

Study Area Code of Reporting Carrier	<b>240550</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                      **Wes-Tex Telephone Cooperative, Inc.**

Signature of Authorized Officer

*Ann S Quaid*

Date

5-13-2022

Printed name of Authorized Officer

Ann Quaid

Title or position of Authorized Officer

Chief Financial Officer

Telephone number or Authorized Officer.

(432) 756-3393 ext. \_ \_ \_ \_ \_

Study Area Code of Reporting Carrier

**442168**

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                      **Wes-Tex Telephone Cooperative, Inc.**

Signature of Authorized Officer

*Ann Q. Quaid*

Date

*5-13-2022*

Printed name of Authorized Officer

Ann Quaid

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(432) 756-3393 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**442168**

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                      **Wes-Tex Telephone Cooperative, Inc.**

Signature of Authorized Officer

*Ann L Quaid*

Date

5-13-2022

Printed name of Authorized Officer

Ann Quaid

Title or position of Authorized Officer

Chief Financial Officer

Telephone number or Authorized  
Officer.

(432) 756-3393 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**442168**

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                      **Wes-Tex Telephone Cooperative, Inc.**

Signature of Authorized Officer

*Ann J. Quaid*

Date

*5-13-2022*

Printed name of Authorized Officer

Ann Quaid

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(432) 756-3393 ext. \_ \_ \_ \_ \_

Study Area Code of Reporting Carrier

**442168**

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

**06/16/2022**

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

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Wilkes Telephone & Electric Company, Inc.		
Signature of Authorized Officer	<i>April D Dyson</i>	Date	<i>5/27/2022</i>
Printed name of Authorized Officer	<i>April D. Dyson</i>		
Title or position of Authorized Officer	<i>President</i>		
Telephone number of Authorized Officer.	<i>(706) 678 9527</i> ext. _____		
Study Area Code of Reporting Carrier	<b>220394</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 **Wilkes Telephone & Electric Company, Inc.**

Signature of Authorized Officer

*April D. Dyson*

Date

*5/27/2022*

Printed name of Authorized Officer

*April D. Dyson*

Title or position of Authorized Officer

*President*

Telephone number or Authorized Officer.

*(706) 678 9527* ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**220394**

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>Wilkes Telephone &amp; Electric Company, Inc.</b>	
Signature of Authorized Officer	<i>April D. Dyson</i>	Date	<i>5/27/2022</i>
Printed name of Authorized Officer	<i>April D. Dyson</i>		
Title or position of Authorized Officer	<i>President</i>		
Telephone number or Authorized Officer.	<i>(706) 6789527</i> ext. _____		
Study Area Code of Reporting Carrier	<b>220394</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 **Wilkes Telephone & Electric Company, Inc.**

Signature of Authorized Officer

*April D Dyson*

Date

*5/27/2022*

Printed name of Authorized Officer

*April D. Dyson*

Title or position of Authorized Officer

*President*

Telephone number of Authorized Officer.

*(706) 678-9527* ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**220394**

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

**06/16/2022**

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

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Winnebago Cooperative Telecom Association</b>		
Signature of Authorized Officer		Date	6-6-22
Printed name of Authorized Officer	Mark Thoma		
Title or position of Authorized Officer	CEO		
Telephone number or Authorized Officer.	(641) 592-6105 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>351337-IA</b>  <b>361337-MN</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>Winnebago Cooperative Telecom Association</b>		
Signature of Authorized Officer		Date	<i>6-6-22</i>
Printed name of Authorized Officer	Mark Thoma		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(641) 592-6105 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>351337-IA</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
	<b>361337-MN</b>		

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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>Winnebago Cooperative Telecom Association</b>	
Signature of Authorized Officer			Date <i>6-6-22</i>
Printed name of Authorized Officer		Mark Thoma	
Title or position of Authorized Officer		CEO	
Telephone number of Authorized Officer.		(641) 592-6105 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>351337-IA</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
	<b>361337-MN</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>Winnebago Cooperative Telecom Association</b>	
Signature of Authorized Officer			Date <i>6-6-22</i>
Printed name of Authorized Officer		Mark Thoma	
Title or position of Authorized Officer		CEO	
Telephone number of Authorized Officer.		(641) 592-6105 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>351337-IA</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>
	<b>361337-MN</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>Winnebago Cooperative Telecom Association-LB</b>		
Signature of Authorized Officer		Date	6-16-22
Printed name of Authorized Officer	Mark Thoma		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(641) 592-6105 ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	<b>351338</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>Winnebago Cooperative Telecom Association-LB</b>		
Signature of Authorized Officer		Date	<i>6-16-22</i>
Printed name of Authorized Officer	Mark Thoma		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(641) 592-6105 ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	<b>351338</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 Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier		<b>Winnebago Cooperative Telecom Association-LB</b>	
Signature of Authorized Officer		Date	6-16-22-
Printed name of Authorized Officer	Mark Thoma		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(641) 592-6105 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>351338</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

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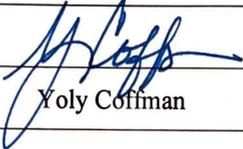
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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>Winnebago Cooperative Telecom Association-LB</b>		
Signature of Authorized Officer		Date	6-16-22
Printed name of Authorized Officer	Mark Thoma		
Title or position of Authorized Officer	CEO		
Telephone number or Authorized Officer.	(641) 592-6105 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>351338</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	Knology of the Valley, Inc.		
Signature of Authorized Officer		Date	6/16/2022
Printed name of Authorized Officer	Yoly Coffman		
Title or position of Authorized Officer	Manager, Regulatory Compliance		
Telephone number of Authorized Officer.	(706) 645-8116 ext. n/a		
Study Area Code of Reporting Carrier	220371	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                      **Knology of the Valley, Inc.**

Signature of Authorized Officer



Date

*6/16/2022*

Printed name of Authorized Officer

Yoly Coffman

Title or position of Authorized Officer

Manager, Regulatory Compliance

Telephone number of Authorized Officer.

(706 ) 645-8116 ext. n/a

Study Area Code of Reporting Carrier

**220371**

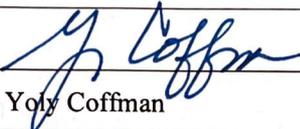
Filing Due Date for this form  
(mm/dd/yyyy)

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		Knology of the Valley, Inc.	
Signature of Authorized Officer			Date 6/6/2022
Printed name of Authorized Officer		Yoly Coffman	
Title or position of Authorized Officer		Manager, Regulatory Compliance	
Telephone number of Authorized Officer.		(706 ) 645-8116 ext. n/a	
Study Area Code of Reporting Carrier	220371	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>Knology of the Valley, Inc.</b>		
Signature of Authorized Officer		Date	<b>6/6/2022</b>
Printed name of Authorized Officer	<b>Yoly Coffman</b>		
Title or position of Authorized Officer	<b>Manager, Regulatory Compliance</b>		
Telephone number or Authorized Officer.	<b>(706 ) 645-8116 ext. n/a</b>		
Study Area Code of Reporting Carrier	<b>220371</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	Knology Total Communications, Inc.		
Signature of Authorized Officer		Date	6/6/2022
Printed name of Authorized Officer	Yoly Coffman		
Title or position of Authorized Officer	Manager, Regulatory Compliance		
Telephone number of Authorized Officer.	(706) 645-8116 ext. n/a		
Study Area Code of Reporting Carrier	250295	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	<b>Knology Total Communications, Inc.</b>		
Signature of Authorized Officer		Date	<i>6/6/2022</i>
Printed name of Authorized Officer	Yoly Coffman		
Title or position of Authorized Officer	Manager, Regulatory Compliance		
Telephone number of Authorized Officer.	(706) 645-8116 ext. n/a		
Study Area Code of Reporting Carrier	<b>250295</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 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                      **Knology Total Communications, Inc.**

Signature of Authorized Officer                                            Date                      **6/6/2022**

Printed name of Authorized Officer                      **Yoly Coffman**

Title or position of Authorized Officer                      **Manager, Regulatory Compliance**

Telephone number or Authorized Officer.                      **(706 ) 645-8116 ext. n/a**

Study Area Code of Reporting Carrier	<b>250295</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>Knology Total Communications, Inc.</b>		
Signature of Authorized Officer		Date	<b>6/6/2022</b>
Printed name of Authorized Officer	<b>Yoly Coffman</b>		
Title or position of Authorized Officer	<b>Manager, Regulatory Compliance</b>		
Telephone number of Authorized Officer.	<b>(706 ) 645-8116 ext. n/a</b>		
Study Area Code of Reporting Carrier	<b>250295</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>

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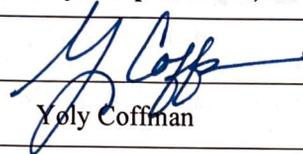
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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                      **Valley Telephone Co., LLC**

Signature of Authorized Officer



Date

*6/6/2022*

Printed name of Authorized Officer

Yoly Coffman

Title or position of Authorized Officer      Manager, Regulatory Compliance

Telephone number of Authorized Officer.      (706 ) 645-8116 ext. n/a

Study Area Code of Reporting Carrier

**220324**

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.**

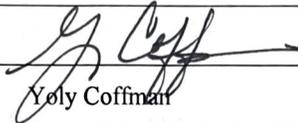
Name of Reporting Carrier	Valley Telephone Co., LLC		
Signature of Authorized Officer		Date	6/6/2022
Printed name of Authorized Officer	Yoly Coffin		
Title or position of Authorized Officer	Manager, Regulatory Compliance		
Telephone number of Authorized Officer.	(706 ) 645-8116 ext. n/a		
Study Area Code of Reporting Carrier	220324	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                      **Valley Telephone Co., LLC**

Signature of Authorized Officer



Date

**4/6/2022**

Printed name of Authorized Officer

**Yoly Coffman**

Title or position of Authorized Officer

**Manager, Regulatory Compliance**

Telephone number or Authorized Officer.

**(706 ) 645-8116 ext. n/a**

Study Area Code of Reporting Carrier

**220324**

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	Valley Telephone Co., LLC			
Signature of Authorized Officer			Date	6/6/2022
Printed name of Authorized Officer	Yoly Coffman			
Title or position of Authorized Officer	Manager, Regulatory Compliance			
Telephone number or Authorized Officer.	(706) 645-8116 ext. n/a			
Study Area Code of Reporting Carrier	220324		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>Yadkin Valley Telephone Membership Corporation</b>		
Signature of Authorized Officer	<i>Ken Mills</i>	Date	<i>6/14/22</i>
Printed name of Authorized Officer	<i>Ken Mills</i>		
Title or position of Authorized Officer	<i>CEO</i>		
Telephone number or Authorized Officer.	<i>(336) 463 5039</i> ext. _____		
Study Area Code of Reporting Carrier	<b>230511</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>

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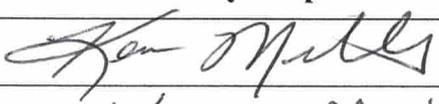
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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>Yadkin Valley Telephone Membership Corporation</b>	
Signature of Authorized Officer	<i>Ken Mills</i>	Date	<i>6/14/22</i>
Printed name of Authorized Officer		<i>Ken Mills</i>	
Title or position of Authorized Officer		<i>CEO</i>	
Telephone number or Authorized Officer.		<i>(336) 463 5038</i> ext. _____	
Study Area Code of Reporting Carrier	<b>230511</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>Yadkin Valley Telephone Membership Corporation</b>		
Signature of Authorized Officer		Date	6/14/22
Printed name of Authorized Officer	Ken Mills		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(336) 463-5038 ext. _____		
Study Area Code of Reporting Carrier	<b>230511</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>Yadkin Valley Telephone Membership Corporation</b>	
Signature of Authorized Officer		<i>Ken Mills</i>	Date <i>6/14/22</i>
Printed name of Authorized Officer		<i>Ken Mills</i>	
Title or position of Authorized Officer		<i>CEO</i>	
Telephone number or Authorized Officer.		<i>(336) 463 5038</i> ext. _____	
Study Area Code of Reporting Carrier	<b>230511</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2022</b>
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