

**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

Paula Riley

Date

5/17/2022

Printed name of Authorized Officer

Paula Riley

Title or position of Authorized Officer

Controller

Telephone number of Authorized Officer.

(307) 568 8231 ext. _ _ _ _

Study Area Code of Reporting Carrier

512296

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		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 or Authorized Officer.	<i>(307) 548 8231</i> ext. _ _ _ _		
Study Area Code of Reporting Carrier	512296	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 **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*) *568 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 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 **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*) *568 8231* ext. _ _ _ _

Study Area Code of Reporting Carrier

512296

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Name of Reporting Carrier		Tri-County Telephone Company, Inc.	
Signature of Authorized Officer		Date	
<i>Robert Mouser</i>		5/27/22	
Printed name of Authorized Officer		<i>ROBERT MOUSER</i>	
Title or position of Authorized Officer		<i>V.P.</i>	
Telephone number or Authorized Officer.		<i>(870) 429 1116</i> 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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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 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

401726

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 **Tri-County Telephone Company, Inc.**

Signature of Authorized Officer

Robert M. Mouser

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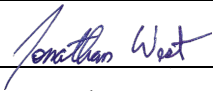
Telephone number of Authorized Officer.	(931) 268-2151
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Study Area Code of Reporting Carrier	290579		Filing Due Date for this form (mm/dd/yyyy)	06/16/2022	
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Certification of Officer as to the Accuracy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

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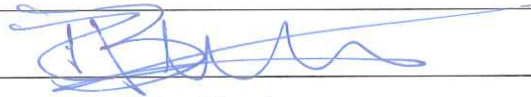
Name of Reporting Carrier		Union Telephone Company	
Signature of Authorized Officer		Date	
		5/18/2022	
Printed name of Authorized Officer		Brian Woody	
Title or position of Authorized Officer		CCRO	
Telephone number of Authorized Officer.		(307) 782-6131 ext. _ _ _ _	
Study Area Code of Reporting Carrier	512297	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 **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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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 **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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**Certification of Officer
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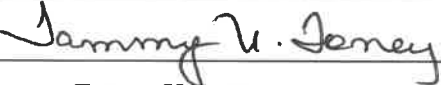
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Union Springs Telephone Company		
Signature of Authorized Officer			Date 5/23/2022
Printed name of Authorized Officer	Tammy U. Torrey		
Title or position of Authorized 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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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	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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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 **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

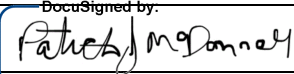
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

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

Signature of Authorized Officer	<small>DocuSigned by:</small> 	Date	6/10/2022
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Printed name of Authorized Officer Patrick McDonnell

Title or position of Authorized Officer Chief Executive Officer

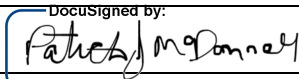
Telephone number of Authorized Officer. (956) 746 5113 ext. _ _ _ _

Study Area Code of Reporting Carrier	442159		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

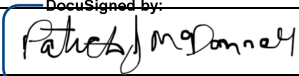
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Name of Reporting Carrier	Valley Telephone Cooperative, Inc.			
Signature of Authorized Officer	 <small>DocuSigned by: 0DA86546483E4C7...</small>		Date	6/10/2022
Printed name of Authorized Officer	Patrick McDonnell			
Title or position of Authorized Officer	Chief Executive Officer			
Telephone number or Authorized Officer.	(956) 746 5113 ext. _ _ _ _			
Study Area Code of Reporting Carrier	442159		Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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Name of Reporting Carrier **Valley Telephone Cooperative, Inc.**

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. _ _ _ _

Study Area Code of Reporting Carrier	442159	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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Name of Reporting Carrier **Valley Telephone Cooperative, Inc.**

Signature of Authorized Officer

DocuSigned by:

Patrick McDonnell

Date

6/10/2022

Printed name of Authorized Officer

0DA86546483E4C7...
Patrick McDonnell

Title or position of Authorized Officer

Chief Executive Officer

Telephone number or Authorized
Officer.

(956) 746 5113 ext. _ _ _ _

Study Area Code of Reporting Carrier

442159

Filing Due Date for this form
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06/16/2022

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)				
Name of Reporting Carrier	Webb-Dickens Telephone Corporation				
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	351327		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		Webb-Dickens Telephone Corporation	
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	351327	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	Webb-Dickens Telephone Corporation
---------------------------	---

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
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Telephone number of Authorized Officer.	(712) 722-3451 ext. _ _ _ _
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Study Area Code of Reporting Carrier	351327		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	Webb-Dickens Telephone Corporation
---------------------------	---

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

Printed name of Authorized Officer	Ryan Boone
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Title or position of Authorized Officer	CEO
---	------------

Telephone number or Authorized Officer.	(712) 722-3451 ext. _ _ _ _
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Study Area Code of Reporting Carrier	351327		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 **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

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 **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

240550

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

06/16/2022

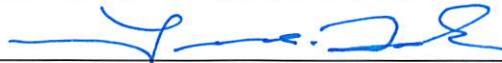
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **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

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 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

240550

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 **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 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 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 L. 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	<i>Ann L Quaid</i>	Date	<i>5-13-2022</i>
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Printed name of Authorized Officer	Ann Quaid
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Title or position of Authorized Officer	Chief Financial Officer
---	--------------------------------

Telephone number or Authorized Officer.	(432) 756-3393 ext. _ _ _ _
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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 L 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 or Authorized Officer.	<i>(706) 678 9527</i> ext. <i>----</i>		
Study Area Code of Reporting Carrier	220394	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
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 **Wilkes Telephone & Electric Company, Inc.**

Signature of Authorized Officer

April W. 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) 6789527 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 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	<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) 6-28-9527</i> ext. _____		
Study Area Code of Reporting Carrier	220394	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

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




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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Winnebago Cooperative Telecom Association		
Signature of Authorized Officer		Date	6-6-22
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	351337- IA 361337- MN	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		Winnebago Cooperative Telecom Association			
Signature of Authorized Officer			Date 6-6-22		
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	351337-IA		Filing Due Date for this form (mm/dd/yyyy)	06/16/2022	
	361337-MN				

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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 **Winnebago Cooperative Telecom Association**

Signature of Authorized Officer



Date

6-6-22

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

**351337-
IA**

**361337-
MN**


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	Winnebago Cooperative Telecom Association		
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	351337- IA 361337- MN	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	Winnebago Cooperative Telecom Association-LB		
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	351338	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	Winnebago Cooperative Telecom Association-LB		
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	351338	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

Winnebago Cooperative Telecom Association-LB

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

351338


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

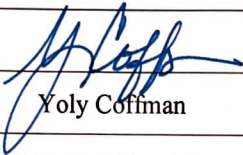
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	Winnebago Cooperative Telecom Association-LB		
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	351338	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	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 or 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	6/6/2022
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	220371	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022

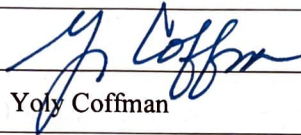
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

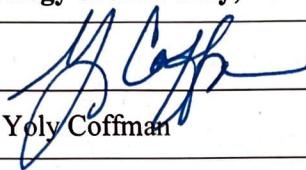
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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

Study Area Code of Reporting Carrier

250295

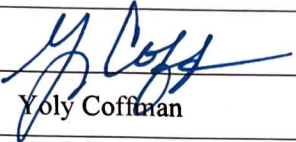
Filing Due Date for this form
(mm/dd/yyyy)

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	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
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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 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

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

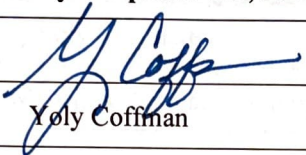
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).

Name of Reporting Carrier	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

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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.

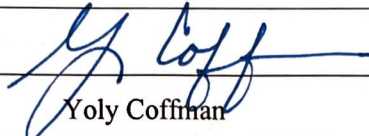
Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Valley Telephone Co., LLC		
Signature of Authorized Officer			Date 6/6/2022
Printed name of Authorized Officer	Yoly Coffman		
Title or position of Authorized Officer	Manager, Regulatory Compliance		
Telephone number of 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
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 **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

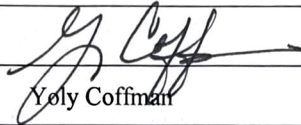
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

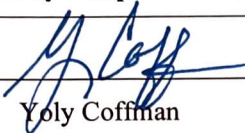
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 of Authorized Officer.

(706) 645-8116 ext. n/a

Study Area Code of Reporting Carrier

220324

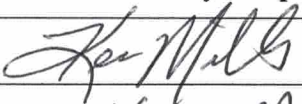
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Name of Reporting Carrier	Yadkin Valley Telephone Membership Corporation		
Signature of Authorized Officer		Date	6/14/22
Printed name of Authorized Officer	Ken Mills		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(336) 463 5038 ext. _____		
Study Area Code of Reporting Carrier	230511	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 **Yadkin Valley Telephone Membership Corporation**

Signature of Authorized Officer

Ken Mills

Date

6/14/22

Printed name of Authorized Officer

Ken Mills

Title or position of Authorized Officer

CEO

Telephone number or Authorized Officer.

(336) 463 5038 ext. *----*

Study Area Code of Reporting Carrier

230511

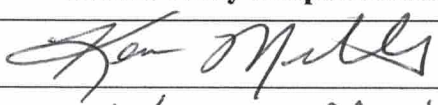
Filing Due Date for this form
(mm/dd/yyyy)

06/16/2022

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Yadkin Valley Telephone Membership Corporation		
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	230511	Filing Due Date for this form (mm/dd/yyyy)	06/16/2022
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Name of Reporting Carrier **Yadkin Valley Telephone Membership Corporation**

Signature of Authorized Officer

Ken Mills

Date

6/14/22

Printed name of Authorized Officer

Ken Mills

Title or position of Authorized Officer

CEO

Telephone number or Authorized Officer.

(336) 463 5038 ext. *----*

Study Area Code of Reporting Carrier

230511

Filing Due Date for this form
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