

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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).

Print Name (Last, First, Middle Initial)

Signature of Officer

Peter Levine

Office

Print Name of Reporting Carrier

Print Name of Reporting Carrier (if different from above)

Print Name of Reporting Carrier (if different from above)

Print Name of Reporting Carrier (if different from above)

Date of Certification

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.