

# VOLUME 1

## APPENDIX D Exhibit 2

### CARRIER CERTIFICATIONS Carrier Eligibility for CAF/ICC Recovery

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).

Name of Reporting Carrier: **OXFORD WEST TEL CO**

Signature of Authorized Officer or employee: **Bruce Skellie**  
Digitally signed by Bruce Skellie DN:cn=Bruce Skellie,email=bskellie@firstlight.net,O=oxford west tel. co.,l=Albany NY 12207, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Bruce Skellie**

Title or position of Authorized Officer or employee: **SVP of Finance**

Telephone number of Authorized Officer or employee: **518-694-0550**

Study Area Code of Reporting Carrier

**100002**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LINCOLNVILLE NETWRKS**

Signature of Authorized Officer or employee: **Shirley Manning**  
Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@intelco.net,O=lincolnvilleville networks, inc., Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Shirley Manning**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **207-563-9941**

Study Area Code of Reporting Carrier

**100003**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **OXFORD COUNTY TEL**

Signature of Authorized Officer or employee: **Bruce Skellie**  
Digitally signed by Bruce Skellie DN:cn=Bruce Skellie,email=bskellie@firstlight.net,O=oxford west tel. co.,l=Albany NY 12207, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Bruce Skellie**

Title or position of Authorized Officer or employee: **SVP of Finance**

Telephone number of Authorized Officer or employee: **518-694-0550**

Study Area Code of Reporting Carrier

**100019**

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

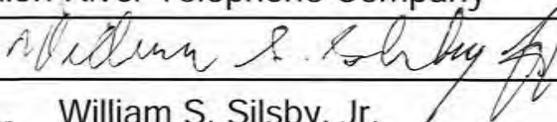
**6/16/2022**

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**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

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

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Name of Reporting Carrier				Union River Telephone Company			
Signature of authorized officer					Date	May 25, 2022	
Printed name of authorized officer			William S. Silsby, Jr.				
Title or position of authorized officer			President/General Manager				
Telephone number of authorized officer:			(207) 584-9911, ext.				
Study Area Code of Reporting Carrier		100027		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022	
<p>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.</p>							

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).

Name of Reporting Carrier: **UNITEL, INC.**

Signature of Authorized Officer or employee: **Timothy May**  
Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Timothy May**

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

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

**100029**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **RICHMOND TEL CO**

Signature of Authorized Officer or employee: **Dylan Proper**  
Digitally signed by Dylan Proper DN:cn=Dylan Proper,email=dylan@richmond-telephone.com,O=richmond telephone company llc, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Dylan Proper**

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

Telephone number of Authorized Officer or employee: **413-698-2255**

Study Area Code of Reporting Carrier

**110737**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **BRETTON WOODS TEL CO**

Signature of Authorized Officer or employee: **Karen Wante**  
Digitally signed by Karen Wante DN:cn=Karen Wante,email=kwante@bwtc.net,O=bretton woods tel. co.,l=, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Karen Wante**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **603-278-9911**

Study Area Code of Reporting Carrier

**120038**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **DUNBARTON TEL. CO.**

Signature of Authorized Officer or employee: **David Montgomery**

Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel. co.,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **David Montgomery**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-774-9911**

Study Area Code of Reporting Carrier

**120043**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **FRANKLIN TEL. CO.-VT**

Signature of Authorized Officer or employee: **Kimberly Gates Maynard**  
Digitally signed by Kimberly Gates Maynard DN:cn=Kimberly Gates Maynard,email=ftc@franklinvt.net,O=franklin tel. co.-vt,l=Franklin VT 05457, Date:5/30/2022

Date: **5/30/2022**

Printed name of Authorized Officer or employee: **Kimberly Gates Maynard**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **802-285-9911**

Study Area Code of Reporting Carrier

**140053**

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

**6/16/2022**

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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).

Name of Reporting Carrier				TOPSHAM TELEPHONE COMPANY, INC.			
Signature of authorized officer			Date		05/19/2022		
Printed name of authorized officer				MARK DE PERRIN			
Title or position of authorized officer				CONTROLLER			
Telephone number of authorized officer: (315) 324 594, ext.							
Study Area Code of Reporting Carrier		140068		Filing Due Date for this form (mm/dd/yyyy)		June 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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **WAITSFIELD/FAYSTON TEL. CO.**

Signature of Authorized Officer or employee: **Roger Nishi**

Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvt.com,O=waitsfield/fayston tel. co.,l=Waitsfield VT 05673, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Roger Nishi**

Title or position of Authorized Officer or employee: **Vice President - Industry Relations**

Telephone number of Authorized Officer or employee: **802-496-8336**

Study Area Code of Reporting Carrier

**140069**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **VERMONT TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **Dawn Tucker**  
Digitally signed by Dawn Tucker DN:cn=Dawn Tucker,email=DTUCKER@VERMONTEL.com,O=vermont telephone company, inc., Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Dawn Tucker**

Title or position of Authorized Officer or employee: **Director of Accounting**

Telephone number of Authorized Officer or employee: **802-885-7783**

Study Area Code of Reporting Carrier

**147332**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **ARMSTRONG TEL CO-NY**

Signature of Authorized Officer or employee: **Barbara Direnzo**  
Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Barbara Direnzo**

Title or position of Authorized Officer or employee: **Director - Finance and Accounting**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier	<b>150071</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **CASSADAGA TEL CORP**

Signature of Authorized Officer or employee: <b>Mark Maytum</b>	Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfstel.com,O=dunkirk and fredonia tel. co.,l=Fredonia NY 14063-0209, Date:5/17/2022	Date: <b>5/17/2022</b>
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Printed name of Authorized Officer or employee: **Mark Maytum**

Title or position of Authorized Officer or employee: **President, COO**

Telephone number of Authorized Officer or employee: **716-673-3016**

Study Area Code of Reporting Carrier	<b>150076</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **CHAMPLAIN TEL. CO.**

Signature of Authorized Officer or employee: <b>Mark Webster</b>	Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel. co.,l=Champlain NY 12919, Date:5/20/2022	Date: <b>5/20/2022</b>
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Printed name of Authorized Officer or employee: **Mark Webster**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **518-298-2480**

Study Area Code of Reporting Carrier	<b>150077</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier				Citizens Telephone Company of Hammond NY Inc.	
Signature of authorized officer		Mark De Perrior		Date	5/19/2022
Printed name of authorized officer				MARK DE PERRIOR	
Title or position of authorized officer				CONTROLLER	
Telephone number of authorized officer: (315) 245-5711 ext.					
Study Area Code of Reporting Carrier		150081	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022	
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Name of Reporting Carrier: **CROWN POINT TEL. CORP.**

Signature of Authorized Officer or employee: **Alexandra Towne**  
Digitally signed by Alexandra Towne DN:cn=Alexandra Towne,email=alexandra.towne@cptelco.net,O=crown point tel. corp.,l=Crown Point NY 12928, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Alexandra Towne**

Title or position of Authorized Officer or employee: **Vice President - Operations**

Telephone number of Authorized Officer or employee: **518-597-3300**

Study Area Code of Reporting Carrier

**150085**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **DUNKIRK & FREDONIA**

Signature of Authorized Officer or employee: **Mark Maytum**  
Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfstel.com,O=dunkirk and fredonia tel. co.,l=Fredonia NY 14063-0209, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Mark Maytum**

Title or position of Authorized Officer or employee: **President, COO**

Telephone number of Authorized Officer or employee: **716-673-3016**

Study Area Code of Reporting Carrier

**150091**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **EMPIRE TELEPHONE CORP-NY**

Signature of Authorized Officer or employee: **Tom Prestigiacom**  
Digitally signed by Tom Prestigiacom DN:cn=Tom Prestigiacom,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Tom Prestigiacom**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **607-522-4237**

Study Area Code of Reporting Carrier

**150093**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **THE FISHERS ISLAND TEL. CO.**

Signature of Authorized Officer or employee: **J. Finan**

Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fiuc.net,O=the fishers island tel. co.,l=Fishers Island NY 06390, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **J. Finan**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **631-788-7251**

Study Area Code of Reporting Carrier

**150095**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **GERMANTOWN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Bruce Bohnsack**  
Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel. co., inc.,l=Germantown NY 12526, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Bruce Bohnsack**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **518-537-4835**

Study Area Code of Reporting Carrier

**150097**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HANCOCK TEL. CO.-NY**

Signature of Authorized Officer or employee: **Robert Wrighter, Jr**

Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel. co.-ny,l=Hancock NY 13783, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Robert Wrighter, Jr**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **607-637-9912**

Study Area Code of Reporting Carrier

**150099**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MARGARETVILLE TEL. CO.,INC.**

Signature of Authorized Officer or employee: **Glen Faulkner**  
Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel. co.,inc.,l=Margaretville NY 12455, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Glen Faulkner**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **845-586-3311**

Study Area Code of Reporting Carrier

**150104**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MIDDLEBURGH TEL CO**

Signature of Authorized Officer or employee: **James Becker**  
Digitally signed by James Becker DN:cn=James Becker, email=jim.becker@corp.midtel.com, O=middleburgh telephone co., l=Middleburgh NY 12122-0191, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **James Becker**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **518-827-5211**

Study Area Code of Reporting Carrier	<b>150105</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **NEWPORT TEL CO**

Signature of Authorized Officer or employee: **Joseph Tomaino**  
Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=joe.tomaino@corp.ntcnet.com,O=newport tel. co.,inc.,l=Newport NY 13416, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Joseph Tomaino**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **315-845-8112**

Study Area Code of Reporting Carrier

**150107**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NICHOLVILLE TELCO**

Signature of Authorized Officer or employee: <b>Jeffrey McGrath</b>	Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slcfiber.com,O=nicholville telco llc,l=Nicholville NY 12965, Date:5/27/2022	Date: <b>5/27/2022</b>
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Printed name of Authorized Officer or employee: **Jeffrey McGrath**

Title or position of Authorized Officer or employee: **VP/Regulatory Affairs**

Telephone number of Authorized Officer or employee: **315-328-5333**

Study Area Code of Reporting Carrier	<b>150108</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **ONEIDA COUNTY RURAL TEL. CO.**

Signature of Authorized Officer or employee: **Heather Kirkland**  
Digitally signed by Heather Kirkland DN:cn=Heather Kirkland,email=hkirkland@ocrt.com,O=oneida county rural tel. co.,l=Holland Patent NY 13354, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Heather Kirkland**

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

Telephone number of Authorized Officer or employee: **315-865-3239**

Study Area Code of Reporting Carrier	<b>150111</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **ONTARIO TEL CO, INC.**

Signature of Authorized Officer or employee: **James Cheney**  
Digitally signed by James Cheney DN:cn=James Cheney,email=JimC@ottctel.com,O=trumansburg telephone company, inc., Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **James Cheney**

Title or position of Authorized Officer or employee: **CFO/COO**

Telephone number of Authorized Officer or employee: **315-548-8017**

Study Area Code of Reporting Carrier

**150112**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PATTERSONVILLE TEL. CO.-NY**

Signature of Authorized Officer or employee: **Nicole Rodriguez**  
Digitally signed by Nicole Rodriguez DN:cn=Nicole Rodriguez,email=nrodriguez@ptconnect.net,O=pattersonville tel. co.-ny, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Nicole Rodriguez**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **518-887-2121**

Study Area Code of Reporting Carrier

**150116**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **STATE TEL. CO.**

Signature of Authorized Officer or employee: **Mark Evans**  
Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel. co.,l=Coxsackie NY 12051, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Mark Evans**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **518-731-6128**

Study Area Code of Reporting Carrier

**150125**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **TRUMANSBURG TEL CO.**

Signature of Authorized Officer or employee: **James Cheney**  
Digitally signed by James Cheney DN:cn=James Cheney,email=JimC@ottctel.com,O=trumansburg telephone company, inc., Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **James Cheney**

Title or position of Authorized Officer or employee: **CFO/COO**

Telephone number of Authorized Officer or employee: **315-548-8017**

Study Area Code of Reporting Carrier

**150131**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				Alteva of Warwick LLC	
Signature of authorized officer		<small>DocuSigned by:</small>  <small>6B8A2F02FACBC4B4</small>		Date	
Printed name of authorized officer		Robert F. Hagan			
Title or position of authorized officer		EVP/CFO			
Telephone number of authorized officer:		(470) 632-3979			
Study Area Code of Reporting Carrier		150135	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022	
<p><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.</b></p>					

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).

Name of Reporting Carrier **Alteva of Warwick LLC**

Signature of authorized officer DocuSigned by: *Bob Hagan* 8B82F92FACBC4BA Date **May 30, 2022**

Printed name of authorized officer **Robert F. Hagan**

Title or position of authorized officer **EVP/CFO**

Telephone number of authorized officer: **(470) 632-3979**

Study Area Code of Reporting Carrier **160135** Filing Due Date for this form (mm/dd/yyyy) **June 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.**

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).

Name of Reporting Carrier: **THE CITIZENS TELEPHONE COMPANY OF KECKSBURG**

Signature of Authorized Officer or employee: **Arnold Cutrell**  
Digitally signed by Arnold Cutrell DN:cn=Arnold Cutrell,email=arnie.cutrell@ctzn.net,O=the citizens telephone company of kecksburg,l=Mount Pleasant PA 15666, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Arnold Cutrell**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **724-424-4444**

Study Area Code of Reporting Carrier

**170156**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HICKORY TEL. CO.**

Signature of Authorized Officer or employee: **Terri Jeffers**  
Digitally signed by Terri Jeffers DN:cn=Terri Jeffers,email=tij@hky.com,O=hickory tel. co.,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Terri Jeffers**

Title or position of Authorized Officer or employee: **Regulatory Director**

Telephone number of Authorized Officer or employee: **724-356-2211**

Study Area Code of Reporting Carrier

**170171**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LACKAWAXEN TELECOM**

Signature of Authorized Officer or employee: **James Kail**  
Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc., Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **James Kail**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **724-593-2411**

Study Area Code of Reporting Carrier

**170177**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **ARMSTRONG TEL CO-PA**

Signature of Authorized Officer or employee: **Barbara Direnzo**  
Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Barbara Direnzo**

Title or position of Authorized Officer or employee: **Director - Finance and Accounting**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

**170189**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **THE NORTH-EASTERN PENNSYLVANIA TELEPHONE CO.**

Signature of Authorized Officer or employee: **Steven Tourje**

Digitally signed by Steven Tourje DN:cn=Steven Tourje,email=stourje@nep.net,O=the north-eastern pennsylvania telephone co.,l=Forest City PA 18421, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Steven Tourje**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **570-785-2216**

Study Area Code of Reporting Carrier

**170191**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NORTH PENN TEL. CO.**

Signature of Authorized Officer or employee: <b>Tom Prestigiaco</b>	Digitally signed by Tom Prestigiaco DN:cn=Tom Prestigiaco,email=tpresti@etcnpt.com,O=north penn tel. co.,l=Prattsburgh NY 14873, Date:5/17/2022	Date: <b>5/17/2022</b>
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Printed name of Authorized Officer or employee: **Tom Prestigiaco**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **607-522-4237**

Study Area Code of Reporting Carrier	<b>170192</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **ARMSTRONG TEL NORTH**

Signature of Authorized Officer or employee: **Barbara Direnzo**  
Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Barbara Direnzo**

Title or position of Authorized Officer or employee: **Director - Finance and Accounting**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

**170195**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PALMERTON TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Timothy Hausman**  
Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton telephone company, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Timothy Hausman**

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

Telephone number of Authorized Officer or employee: **610-826-9433**

Study Area Code of Reporting Carrier

**170196**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				Pennsylvania Telephone Company	
Signature of authorized officer		<i>Kimberly M Hannan</i>		Date	05/23/2022
Printed name of authorized officer		Kimberly M. Hannan			
Title or position of authorized officer		VP/GM			
Telephone number of authorized officer:		570 745 7101 ext.			
Study Area Code of Reporting Carrier	170197	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier: PYMATUNING IND TEL

Signature of Authorized Officer or employee: **Adam Dixon**  
Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022

Date: 5/26/2022

Printed name of Authorized Officer or employee: Adam Dixon

Title or position of Authorized Officer or employee: Chief Operating Officer

Telephone number of Authorized Officer or employee: 870-921-5757

Study Area Code of Reporting Carrier

170200

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

6/16/2022

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.

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).

Name of Reporting Carrier: **SOUTH CANAAN TEL CO**

Signature of Authorized Officer or employee: **James Kail**  
Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc., Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **James Kail**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **724-593-2411**

Study Area Code of Reporting Carrier

**170205**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **VENUS TEL. CORP.**

Signature of Authorized Officer or employee: **Janice Kline**  
Digitally signed by Janice Kline DN:cn=Janice Kline,email=jjk@venustel.com,O=venus tel. corp.,I=Venus PA 16364, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Janice Kline**

Title or position of Authorized Officer or employee: **Sec/Treas.**

Telephone number of Authorized Officer or employee: **814-354-6123**

Study Area Code of Reporting Carrier

**170210**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **YUKON - WALTZ TEL CO**

Signature of Authorized Officer or employee: **James Kail**  
Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhrc.net,O=lackawaxen telecommunications services, inc., Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **James Kail**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **724-593-2411**

Study Area Code of Reporting Carrier

**170215**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WEST SIDE TEL CO-PA**

Signature of Authorized Officer or employee: **John Ludenia**  
Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-pa, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **John Ludenia**

Title or position of Authorized Officer or employee: **V.P. Operations, General Manager**

Telephone number of Authorized Officer or employee: **304-983-8642**

Study Area Code of Reporting Carrier

**170277**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ARMSTRONG TEL OF MD**

Signature of Authorized Officer or employee: <b>Barbara Direnzo</b> <small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/23/2022</small>	Date: <b>5/23/2022</b>
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Printed name of Authorized Officer or employee: **Barbara Direnzo**

Title or position of Authorized Officer or employee: **Director - Finance and Accounting**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier	<b>180216</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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).

Name of Reporting Carrier				Empower Telecom Inc	
Signature of authorized officer				Date	5-19-22
Printed name of authorized officer		Dwayne Long			
Title or position of authorized officer		Chief Operating Officer			
Telephone number of authorized officer:		(434) 738-6125 ext.			
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022		
<p><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.</b></p>					

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).

Name of Reporting Carrier: **BURKE'S GARDEN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Missy Lynch**  
Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel. co., inc., Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Missy Lynch**

Title or position of Authorized Officer or employee: **Office Manager/Secretary**

Telephone number of Authorized Officer or employee: **276-472-2345**

Study Area Code of Reporting Carrier

**190220**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CITIZENS TEL. COOP.-VA**

Signature of Authorized Officer or employee: **Greg Sapp**

Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel. coop.-va,l=Floyd VA 24091-0137, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Greg Sapp**

Title or position of Authorized Officer or employee: **CEO & General Manager**

Telephone number of Authorized Officer or employee: **540-745-2111**

Study Area Code of Reporting Carrier

**190225**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MGW TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **Sheri Smith**  
Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw telephone company, inc., Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Sheri Smith**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **540-925-5235**

Study Area Code of Reporting Carrier

**190238**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NEW HOPE TELEPHONE COOPERATIVE**

Signature of Authorized Officer or employee: **Laurie Hensley**  
Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope telephone cooperative,l=New Hope VA 24469, Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Laurie Hensley**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **540-363-6277**

Study Area Code of Reporting Carrier

**190239**

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

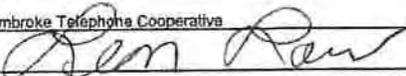
**6/16/2022**

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.

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).

Name of Reporting Carrier				Pembroke Telephone Cooperative			
Signature of authorized officer					Date	May 23, 2022	
Printed name of authorized officer				Leon A. Law			
Title or position of authorized officer				President			
Telephone number of authorized officer: (540)625-7111 . exl.							
Study Area Code of Reporting Carrier			190243	Filing Due Date for this form (mm/dd/yyyy)		June 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.							

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).

Name of Reporting Carrier: **PEOPLES MUTUAL TEL**

Signature of Authorized Officer or employee: **Eric Cramer**  
Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

**190244**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SCOTT COUNTY TEL. COOP. INC.**

Signature of Authorized Officer or employee: **Roger Fraysier**  
Digitally signed by Roger Fraysier DN:cn=Roger Fraysier,email=rfraysier@sctc.org,O=scott county tel. coop. inc.,l=Gate City VA 24251, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Roger Fraysier**

Title or position of Authorized Officer or employee: **Executive VP of Finance and Operations**

Telephone number of Authorized Officer or employee: **276-452-7364**

Study Area Code of Reporting Carrier	<b>190248</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **SHENANDOAH TEL. CO.**

Signature of Authorized Officer or employee: **Matt Harbaugh**  
Digitally signed by Matt Harbaugh DN:cn=Matt Harbaugh,email=matthew.harbaugh@emp.shentel.com,O=shenandoah tel. co.,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Matt Harbaugh**

Title or position of Authorized Officer or employee: **Director of Accounting**

Telephone number of Authorized Officer or employee: **814-233-4309**

Study Area Code of Reporting Carrier

**190250**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SHENANDOAH TELEPHONE COMPANY - NR**

Signature of Authorized Officer or employee: **Matt Harbaugh**  
Digitally signed by Matt Harbaugh DN:cn=Matt Harbaugh,email=matthew.harbaugh@emp.shentel.com,O=shenandoah telephone company - nr,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Matt Harbaugh**

Title or position of Authorized Officer or employee: **Director of Accounting**

Telephone number of Authorized Officer or employee: **814-233-4309**

Study Area Code of Reporting Carrier

**197251**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ARMSTRONG OF WV**

Signature of Authorized Officer or employee: **Barbara Direnzo**  
Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Barbara Direnzo**

Title or position of Authorized Officer or employee: **Director - Finance and Accounting**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

**200256**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SPRUCE KNOB SENECA ROCKS TEL., INC.**

Signature of Authorized Officer or employee: **Robert Butler**  
Digitally signed by Robert Butler DN:cn=Robert Butler,email=rbutler@spruceknob.net,O=spruce knob seneca rocks tel., inc.,l=Riverton WV 26814-0100, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Robert Butler**

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

Telephone number of Authorized Officer or employee: **304-567-2121**

Study Area Code of Reporting Carrier

**200257**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HARDY TELECOMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Scott Sherman**  
Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecommunications, inc., Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Scott Sherman**

Title or position of Authorized Officer or employee: **General Manager & CEO**

Telephone number of Authorized Officer or employee: **304-897-9911**

Study Area Code of Reporting Carrier

**200259**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ARMSTRONG TEL. CO.**

Signature of Authorized Officer or employee: <b>Barbara Direnzo</b>	Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/23/2022	Date: <b>5/23/2022</b>
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Printed name of Authorized Officer or employee: **Barbara Direnzo**

Title or position of Authorized Officer or employee: **Director - Finance and Accounting**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier	<b>200267</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **WEST SIDE TEL-WV**

Signature of Authorized Officer or employee: **John Ludenia**  
Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-pa, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **John Ludenia**

Title or position of Authorized Officer or employee: **V.P. Operations, General Manager**

Telephone number of Authorized Officer or employee: **304-983-8642**

Study Area Code of Reporting Carrier

**200277**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NORTHEAST FLORIDA**

Signature of Authorized Officer or employee: **Adam Dixon**

Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Adam Dixon**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **870-921-5757**

Study Area Code of Reporting Carrier

**210335**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ALMA TEL. CO., INC.**

Signature of Authorized Officer or employee: **Laure Cohen**  
Digitally signed by Laure Cohen DN:cn=Laure Cohen,email=lcohen@atcnetworks.net,O=alma tel. co., inc.,l=Alma GA 31510, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Laure Cohen**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **912-632-3117**

Study Area Code of Reporting Carrier

**220344**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BRANTLEY TEL CO**

Signature of Authorized Officer or employee: <b>Donovan Strickland</b>	Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 31553, Date:5/23/2022	Date: <b>5/23/2022</b>
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Printed name of Authorized Officer or employee: **Donovan Strickland**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **912-462-5111**

Study Area Code of Reporting Carrier	<b>220347</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **BULLOCH CNTY. RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **John Scott**

Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch cnty. rural tel. coop., inc.,l= , Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **John Scott**

Title or position of Authorized Officer or employee: **General Manager/COO**

Telephone number of Authorized Officer or employee: **912-865-1100**

Study Area Code of Reporting Carrier

**220348**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CITIZENS TEL. CO., INC.-GA**

Signature of Authorized Officer or employee: **Chad Ledger**  
Digitally signed by Chad Ledger DN:cn=Chad Ledger,email=scl@citizensdsl.com,O=citizens tel. co., inc.-ga,l=Leslie GA 31764, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Chad Ledger**

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

Telephone number of Authorized Officer or employee: **229-874-4145**

Study Area Code of Reporting Carrier	<b>220355</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier				Darien Telephone Co., Inc.	
Signature of authorized officer		<i>Mary Lou Forsyth</i>		Date	5-26-22
Printed name of authorized officer		Mary Lou Forsyth			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(912) 437-6611			
Study Area Code of Reporting Carrier	220358	Filing Due Date for this form (mm/dd/yyyy)	June 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.

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).

Name of Reporting Carrier: **GLENWOOD TEL. CO.**

Signature of Authorized Officer or employee: <b>James O'Brien</b>	Digitally signed by James O'Brien DN:cn=James O'Brien,email=glenwoodtelephone@gmail.com,O=glenwood tel. co.,l=Glenwood GA 30428-0235, Date:5/26/2022	Date: <b>5/26/2022</b>
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Printed name of Authorized Officer or employee: **James O'Brien**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **912-523-5111**

Study Area Code of Reporting Carrier	<b>220365</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **HART TEL. CO.**

Signature of Authorized Officer or employee: **Randy Daniel**  
Digitally signed by Randy Daniel DN:cn=Randy Daniel,email=randy@hartcom.net,O=hart tel. co.,l=Hartwell GA 30643, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Randy Daniel**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **706-376-4701**

Study Area Code of Reporting Carrier

**220368**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PEMBROKE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Mary Anna Hite**  
Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel. co., inc.,l=Pembroke GA 31321, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Mary Anna Hite**

Title or position of Authorized Officer or employee: **Secretary-Treasurer/General Manager**

Telephone number of Authorized Officer or employee: **912-653-4389**

Study Area Code of Reporting Carrier	<b>220376</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **PLANTERS RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **John Lacienski**  
Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural tel. coop., inc.,l=Newington GA 30446, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **John Lacienski**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **912-857-4411**

Study Area Code of Reporting Carrier

**220378**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PLANT TEL. CO.**

Signature of Authorized Officer or employee: **Gordon Duff**  
Digitally signed by Gordon Duff DN:cn=Gordon Duff,email=gduff@planttel.net,O=plant tel. co.,l=Tifton GA 31793-0187, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Gordon Duff**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **229-528-4777**

Study Area Code of Reporting Carrier

**220379**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PROGRESSIVE RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Ron Chambers**  
Digitally signed by Ron Chambers DN:cn=Ron Chambers,email=ron.chambers@prtc.co,O=progressive rural tel. coop., inc.,l=Rentz GA 31075, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Ron Chambers**

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

Telephone number of Authorized Officer or employee: **478-984-4201**

Study Area Code of Reporting Carrier

**220380**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **PUBLIC SERVICE TEL. CO.**

Signature of Authorized Officer or employee: **James Bond**

Digitally signed by James Bond DN:cn=James Bond,email=jim.bond@pstel.com,O=public service tel. co.,l=Reynolds GA 31076, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **James Bond**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **478-847-6520**

Study Area Code of Reporting Carrier

**220381**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **TRENTON TEL. CO.**

Signature of Authorized Officer or employee: <b>Steven Tatum</b> <small>Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel. co.,l= , Date:5/31/2022</small>	Date: <b>5/31/2022</b>
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Printed name of Authorized Officer or employee: **Steven Tatum**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **706-657-4367**

Study Area Code of Reporting Carrier	<b>220389</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **WAVERLY HALL TEL**

Signature of Authorized Officer or employee: **Deborah Rand**  
Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c.,l= , Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Deborah Rand**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-472-9786**

Study Area Code of Reporting Carrier

**220392**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BARNARDSVILLE TEL CO**

Signature of Authorized Officer or employee: **Eric Cramer**  
Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

**230469**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **ELLERBE TEL CO**

Signature of Authorized Officer or employee: **Eric Cramer**

Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

**230478**

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

**6/16/2022**

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.

**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).

Name of Reporting Carrier				North State Telephone, LLC	
Signature of authorized officer		<i>Mary McDermott</i>		Date	05/27/2022
Printed name of authorized officer		Mary McDermott			
Title or position of authorized officer		General Counsel			
Telephone number of authorized officer:		(540) 649-1710			
Study Area Code of Reporting Carrier	230491	Filing Due Date for this form (mm/dd/yyyy)	June 16 2022		
<p><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.</b></p>					

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).

Name of Reporting Carrier				Town of Pineville d/b/a Pineville Telephone Company	
Signature of authorized officer				Date	5/24/2022
Printed name of authorized officer		Tammy J Vachon			
Title or position of authorized officer		Telecommunications Director			
Telephone number of authorized officer:		(704) 889-2001			
Study Area Code of Reporting Carrier		230494	Filing Due Date for this form (mm/dd/yyyy)	June 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.

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).

Name of Reporting Carrier: **RANDOLPH TEL. MEMB. CORP. DBA RANDOLPH COMM.**

Signature of Authorized Officer or employee: **Kimberly Garner**  
Digitally signed by Kimberly Garner DN:cn=Kimberly Garner,email=kgarner@rtmc.coop,O=randolph tel. memb. corp. dba randolph comm.,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Kimberly Garner**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **336-879-7911**

Study Area Code of Reporting Carrier

**230496**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SURRY MEMBERSHIP**

Signature of Authorized Officer or employee: <b>Richard Parker</b>	Digitally signed by Richard Parker DN:cn=Richard Parker,email=parkerr@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/24/2022	Date: <b>5/24/2022</b>
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Printed name of Authorized Officer or employee: **Richard Parker**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **336-374-5021**

Study Area Code of Reporting Carrier	<b>230497</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **SALUDA MOUNTAIN TEL**

Signature of Authorized Officer or employee: **Eric Cramer**

Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

**230498**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SERVICE TEL CO**

Signature of Authorized Officer or employee: **Eric Cramer**  
Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

**230500**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **SURRY MEMBERSHIP**

Signature of Authorized Officer or employee: **Richard Parker**  
Digitally signed by Richard Parker DN:cn=Richard Parker,email=parkerr@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Richard Parker**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **336-374-5021**

Study Area Code of Reporting Carrier

**230503**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **RIVERSTREET-TCTMC**

Signature of Authorized Officer or employee: **Eric Cramer**  
Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

**230505**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **RIVERSTREET-WTMC**

Signature of Authorized Officer or employee: **Eric Cramer**

Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

**230510**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PALMETTO RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Dewaine Wilson**  
Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.us,O=palmetto rural tel. coop., inc.,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Dewaine Wilson**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **843 538-9382**

Study Area Code of Reporting Carrier

**240536**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **SANDHILL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Lee Chambers**  
Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@mysandhill.net,O=sandhill tel. coop., inc.,l=Jefferson SC 29718, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Lee Chambers**

Title or position of Authorized Officer or employee: **CEO/Manager**

Telephone number of Authorized Officer or employee: **843-658-6379**

Study Area Code of Reporting Carrier	<b>240546</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

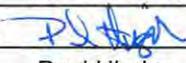
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Castleberry Telephone	
Signature of authorized officer		<i>Homer Holland</i>		Date	5/23/2022
Printed name of authorized officer				Homer Holland	
Title or position of authorized officer				Treasurer	
Telephone number of authorized officer:				(251) 966-2110 ext.	
Study Area Code of Reporting Carrier	250285	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022		
<p>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.</p>					

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).

Name of Reporting Carrier				Farmers Telecommunications Cooperative, Inc.	
Signature of authorized officer				Date	23-May-2022
Printed name of authorized officer		Paul Higdon			
Title or position of authorized officer		CFO			
Telephone number of authorized officer: (256) 638-2144 ext.					
Study Area Code of Reporting Carrier	250290	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **HAYNEVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Evelyn Causey**  
Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@hftfiber.com,O=hayneville tel. co., inc.,l=Hayneville AL 36040, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Evelyn Causey**

Title or position of Authorized Officer or employee: **President/COO**

Telephone number of Authorized Officer or employee: **334-548-2101**

Study Area Code of Reporting Carrier

**250299**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MON-CRE TEL. COOP. INC.**

Signature of Authorized Officer or employee: **Teresa Rich**

Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel. coop. inc.,l=Ramer AL 36069, Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Teresa Rich**

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

Telephone number of Authorized Officer or employee: **334-562-3242**

Study Area Code of Reporting Carrier

**250305**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **MOUNDVILLE TEL. CO.**

Signature of Authorized Officer or employee: **R. Taylor**

Digitally signed by R. Taylor DN:cn=R.  
 Taylor,email=scott@mound.net,O=moundville tel.  
 co.,l=Moundville AL 35474, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **R. Taylor**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **205-371-9011**

Study Area Code of Reporting Carrier

**250307**

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

**6/16/2022**

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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).

Name of Reporting Carrier: <b>New Hope Telephone Cooperative, Inc.</b>			
Signature of authorized officer: 	Date:	<b>05/24/2022</b>	
Printed name of authorized officer: <b>Daniel Martin</b>			
Title or position of authorized officer: <b>General Manager</b>			
Telephone number of authorized officer: <b>(256) 723-4211</b>			
Study Area Code of Reporting Carrier:	<b>250308</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2022</b>
<p>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.</p>			

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).

Name of Reporting Carrier: **PINE BELT TEL. CO.**

Signature of Authorized Officer or employee: **John Nettles**  
Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel. co.,l=Arlington AL 36722, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **John Nettles**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **334-385-2106**

Study Area Code of Reporting Carrier

**250315**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **RAGLAND TEL. CO.**

Signature of Authorized Officer or employee: **Matthew Jackson**  
Digitally signed by Matthew Jackson DN:cn=Matthew Jackson,email=mattjackson@ragland.net,O=ragland tel. co.,l=Ragland AL 35131, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Matthew Jackson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **205-472-2141**

Study Area Code of Reporting Carrier	<b>250316</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **BALLARD RURAL TEL. COOP. CORP., INC.**

Signature of Authorized Officer or employee: **Randy Grogan**  
Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=randy.grogan@btc.coop,O=ballard rural tel. coop. corp., inc.,l=La Center KY 42056, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Randy Grogan**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **270-665-5186**

Study Area Code of Reporting Carrier

**260396**

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

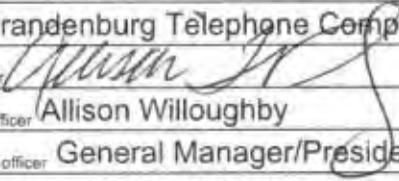
**6/16/2022**

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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).

Name of Reporting Carrier				Brandenburg Telephone Company, Inc.	
Signature of authorized officer				Date	05/23/2022
Printed name of authorized officer		Allison Willoughby			
Title or position of authorized officer		General Manager/President			
Telephone number of authorized officer		(270) 422-2121			
Study Area Code of Reporting Carrier		260398	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022	
<p>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.</p>					

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).

Name of Reporting Carrier: **DUO COUNTY TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Daryl Hammond**  
Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duobroadband.com,O=duo county tel. coop., inc.,l=Jamestown KY 42629, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Daryl Hammond**

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

Telephone number of Authorized Officer or employee: **700-343-1111**

Study Area Code of Reporting Carrier

**260401**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LOGAN TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Gregory Hale**  
Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@ltconnect.com,O=logan tel. coop.,inc.,l=Auburn KY 42206, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Gregory Hale**

Title or position of Authorized Officer or employee: **General Manager/Executive V.P.**

Telephone number of Authorized Officer or employee: **270-542-4121**

Study Area Code of Reporting Carrier

**260413**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **MOUNTAIN RURAL TEL. COOP. CORP., INC.**

Signature of Authorized Officer or employee: **Shayne Ison**  
Digitally signed by Shayne Ison DN:cn=Shayne Ison,email=sison@mountaintelephone.com,O=mountain rural tel. coop. corp., inc.,l=West Liberty KY 41472, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Shayne Ison**

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

Telephone number of Authorized Officer or employee: **606-743-3121**

Study Area Code of Reporting Carrier

**260414**

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

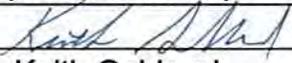
**6/16/2022**

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.

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).

Name of Reporting Carrier				Peoples Rural Telephone Cooperative	
Signature of authorized officer				Date	05/23/2022
Printed name of authorized officer		Keith Gabbard			
Title or position of authorized officer		CEO			
Telephone number of authorized officer:		(606) 287-7101 ext.			
Study Area Code of Reporting Carrier	260415	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier: **THACKER/GRIGSBY TEL. CO., INC.**

Signature of Authorized Officer or employee: **William Grigsby**  
Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tstel.com,O=thacker/grigsby tel. co., inc.,l=Hindman KY 41822, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **William Grigsby**

Title or position of Authorized Officer or employee: **President/General Manager**

Telephone number of Authorized Officer or employee: **606-785-9500**

Study Area Code of Reporting Carrier

**260419**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WEST KENTUCKY RURAL**

Signature of Authorized Officer or employee: **Tiffany Myers**  
Digitally signed by Tiffany Myers DN:cn=Tiffany Myers,email=tmyers@mywkt.coop,O=west ky. rural tel. coop. corp., inc., Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Tiffany Myers**

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

Telephone number of Authorized Officer or employee: **270-804-4110**

Study Area Code of Reporting Carrier	<b>260421</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **CAMPTI-PLEASANT HILL**

Signature of Authorized Officer or employee: **Tom Edens**

Digitally signed by Tom Edens DN:cn=Tom Edens,email=tedens@epictouch.com,O=campti-pleasant hill tel. co.,l=Natchitoches LA 71458, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Tom Edens**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **318-352-0014**

Study Area Code of Reporting Carrier

**270426**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **DELCAMBRE TEL. CO.**

Signature of Authorized Officer or employee: **Marcy Landry**  
Digitally signed by Marcy Landry DN:cn=Marcy Landry,email=mlandry@delcambre.net,O=delcambre tel. co.,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Marcy Landry**

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

Telephone number of Authorized Officer or employee: **337-685-2311**

Study Area Code of Reporting Carrier

**270428**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **KAPLAN TEL. CO.**

Signature of Authorized Officer or employee: **Richard Constantin**  
Digitally signed by Richard Constantin DN:cn=Richard Constantin, email=rconstantin@kaptel.net, O=kaplan tel. co., l=Kaplan LA 70548-0369, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Richard Constantin**

Title or position of Authorized Officer or employee: **Regulatory Manager**

Telephone number of Authorized Officer or employee: **337-643-4242**

Study Area Code of Reporting Carrier

**270432**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NORTHEAST LOUISIANA TEL. CO., INC.**

Signature of Authorized Officer or employee: **Mike George**  
Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana tel. co., inc.,l=Collinston LA 71229, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Mike George**

Title or position of Authorized Officer or employee: **President / General Manager**

Telephone number of Authorized Officer or employee: **318-874-7011**

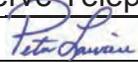
Study Area Code of Reporting Carrier	<b>270435</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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).

Name of Reporting Carrier				Reserve Telephone Company LLC	
Signature of authorized officer				Date	05/31/2022
Printed name of authorized officer		Peter Louviere			
Title or position of authorized officer		CFO			
Telephone number of authorized officer:		(985) 693-0265			
Study Area Code of Reporting Carrier	270438	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022		
<p><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.</b></p>					

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).

Name of Reporting Carrier: **STAR TEL CO**

Signature of Authorized Officer or employee: **Jeremy Smith**  
Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=star tel. co.,inc.,l=Rockland ID 83271, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Jeremy Smith**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

**270441**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **DECATUR TEL. CO., INC.-MS**

Signature of Authorized Officer or employee: **Esther Smith, PhD**  
Digitally signed by Esther Smith, PhD DN:cn=Esther Smith, PhD,email=esther@decaturtelephone.com,O=decatur tel. co., inc.-ms,I=Decatur MS 39327, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Esther Smith, PhD**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **601-635-2251**

Study Area Code of Reporting Carrier

**280451**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FRANKLIN TEL CO - MS**

Signature of Authorized Officer or employee: **Tammy Torrey**  
Digitally signed by Tammy Torrey DN:cn=Tammy Torrey,email=ttorrey@telapexinc.com,O=franklin tel. co., inc.-ms,l=Meadville MS 39653-0219, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Tammy Torrey**

Title or position of Authorized Officer or employee: **Vice President of Operations**

Telephone number of Authorized Officer or employee: **601-384-3350**

Study Area Code of Reporting Carrier	<b>280454</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **GEORGETOWN TEL CO**

Signature of Authorized Officer or employee: **Joie Miller**

Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlcoadmin.com,O=georgetown tele. co., inc.,l=Georgetown MS 39078, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Joie Miller**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **601-858-2211**

Study Area Code of Reporting Carrier

**280456**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				Noxapater Telephone Company	
Signature of authorized officer		<i>Charlotte Pearce</i>		Date	05/23/2022
Printed name of authorized officer				Charlotte Pearce	
Title or position of authorized officer				Vice-President	
Telephone number of authorized officer:				(601)-764-3171	
Study Area Code of Reporting Carrier		280461	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier: **SLEDGE TEL CO**

Signature of Authorized Officer or employee: **Robert Sledge Jr.**

Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel. co.,inc.,l=Sunflower MS 38778, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Robert Sledge Jr.**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **662-569-3311**

Study Area Code of Reporting Carrier

**280466**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ARDMORE TEL CO**

Signature of Authorized Officer or employee: **Tiffany Myers**  
Digitally signed by Tiffany Myers DN:cn=Tiffany Myers,email=tmyers@mywkt.coop,O=west ky. rural tel. coop. corp., inc., Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Tiffany Myers**

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

Telephone number of Authorized Officer or employee: **270-804-4110**

Study Area Code of Reporting Carrier

**290280**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BEN LOMAND RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Jared Sain**

Digitally signed by Jared Sain DN:cn=Jared Sain,email=jaredsain@benlomand.org,O=ben lomand rural tel. coop.,inc., Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Jared Sain**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **931-668-4131**

Study Area Code of Reporting Carrier

**290553**

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

**6/16/2022**

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.

**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).

Name of Reporting Carrier				Bledsoe Telephone Cooperative, Inc.	
Signature of authorized officer		<i>John Lee Downey</i>		Date	
Printed name of authorized officer		John Lee Downey			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(423) 447-2121			
Study Area Code of Reporting Carrier		290554	Filing Due Date for this form (mm/dd/yyyy)	June 16 2022	
<p>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.</p>					

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).

Name of Reporting Carrier: **DEKALB TEL. COOP, INC.**

Signature of Authorized Officer or employee: **Joe Mitchell**  
Digitally signed by Joe Mitchell DN:cn=Joe Mitchell,email=jmitchell@staff-dtc.com,O=dekalb tel. coop, inc.,l=Alexandria TN 37012, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Joe Mitchell**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **615-464-2254**

Study Area Code of Reporting Carrier

**290562**

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

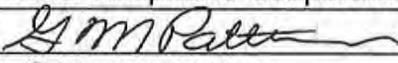
**6/16/2022**

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.

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).

Name of Reporting Carrier				Highland Telephone Cooperative, Inc.			
Signature of authorized officer				Date		5/19/2022	
Printed name of authorized officer				G Mark Patterson			
Title or position of authorized officer				Chief Executive Officer    General Manager			
Telephone number of authorized officer:				(423) 628-2121			
Study Area Code of Reporting Carrier		290565		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022	
<p>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.</p>							

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).

Name of Reporting Carrier: **LORETTO TEL. CO., INC.**

Signature of Authorized Officer or employee: **Jason Shelton**  
Digitally signed by Jason Shelton DN:cn=Jason Shelton,email=jason.shelton@lorettotel.com,O=loretto tel. co., inc.,l=Loretto TN 38469, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Jason Shelton**

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

Telephone number of Authorized Officer or employee: **931-853-3333**

Study Area Code of Reporting Carrier

**290570**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NORTH CENTRAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Johnny McClanahan**  
Digitally signed by Johnny McClanahan DN:cn=Johnny McClanahan,email=johnny.mcclanahan@nctc.com,O=north central tel. coop., inc.,l=Lafayette TN 37083, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Johnny McClanahan**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **615-666-2151**

Study Area Code of Reporting Carrier

**290573**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WEST KY COOP-TN**

Signature of Authorized Officer or employee: **Tiffany Myers**  
Digitally signed by Tiffany Myers DN:cn=Tiffany Myers,email=tmyers@mywkt.coop,O=west ky. rural tel. coop. corp., inc., Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Tiffany Myers**

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

Telephone number of Authorized Officer or employee: **270-804-4110**

Study Area Code of Reporting Carrier

**290598**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **THE ARTHUR MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Eric Roughton**  
Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual tel. co., Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Eric Roughton**

Title or position of Authorized Officer or employee: **General Manager/Sec'y/Treasurer**

Telephone number of Authorized Officer or employee: **419-393-2233**

Study Area Code of Reporting Carrier	<b>300586</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **AYERSVILLE TEL. CO.**

Signature of Authorized Officer or employee: **Phil Maag**

Digitally signed by Phil Maag DN:cn=Phil  
 Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel.  
 co.,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Phil Maag**

Title or position of Authorized Officer or employee: **Sec./Treas. & General Manager**

Telephone number of Authorized Officer or employee: **419-395-2222**

Study Area Code of Reporting Carrier

**300588**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BASCOM MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Laura Wise**

Digitally signed by Laura Wise DN:cn=Laura Wise,email=law@bascomtelephone.com,O=bascom mutual tel. co.,l=Bascom OH 44809-0316, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Laura Wise**

Title or position of Authorized Officer or employee: **Board Assistant Treasurer**

Telephone number of Authorized Officer or employee: **419-937-2222**

Study Area Code of Reporting Carrier

**300589**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BENTON RIDGE TEL. CO.**

Signature of Authorized Officer or employee: **Mark Miller**

Digitally signed by Mark Miller DN:cn=Mark Miller,email=mmiller@corp.watchcomm.net,O=benton ridge tel. co.,l= , Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Mark Miller**

Title or position of Authorized Officer or employee: **General Manager/VP**

Telephone number of Authorized Officer or employee: **419-859-2144**

Study Area Code of Reporting Carrier

**300590**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BUCKLAND TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Douglas Place**  
Digitally signed by Douglas Place DN:cn=Douglas Place,email=doug@ohiolink.net,O=buckland telephone company,l= , Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Douglas Place**

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

Telephone number of Authorized Officer or employee: **419-657-2222**

Study Area Code of Reporting Carrier

**300591**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **THE CHAMPAIGN TEL. CO.**

Signature of Authorized Officer or employee: **Tiffany Ebersold**  
Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel. co., Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Tiffany Ebersold**

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

Telephone number of Authorized Officer or employee: **937-653-2263**

Study Area Code of Reporting Carrier

**300594**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MCCLURE TEL. CO.**

Signature of Authorized Officer or employee: **Lance Miller**  
Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel. co.,l=McClure OH 43534-0026, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Lance Miller**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **419-748-8032**

Study Area Code of Reporting Carrier

**300598**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HANSON COMM OH-COL**

Signature of Authorized Officer or employee: **Bruce Hanson**  
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm. of ohio, llc.-orwell,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	<b>300604</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **CONNEAUT TEL. CO.**

Signature of Authorized Officer or employee: **Deanna Brown**  
Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@greatwavecom.com,O=conneaut tel. co.,l=Conneaut OH 44030, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Deanna Brown**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **440-593-7138**

Study Area Code of Reporting Carrier	<b>300606</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **DOYLESTOWN TEL. CO.**

Signature of Authorized Officer or employee: **Brian Brockman**  
Digitally signed by Brian Brockman DN:cn=Brian Brockman,email=bbrockman@doylestowntelephone.com,O=doylestown tel. co.,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Brian Brockman**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **330-658-2121**

Study Area Code of Reporting Carrier	<b>300609</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **THE FARMERS MUTUAL TEL. CO.-OKOLONA, OH**

Signature of Authorized Officer or employee: **Cheryl Bostelman**  
Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=the farmers mutual tel. co.-okolona, oh,j= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Cheryl Bostelman**

Title or position of Authorized Officer or employee: **Secretary/General Manager**

Telephone number of Authorized Officer or employee: **419-758-3303**

Study Area Code of Reporting Carrier	<b>300612</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **FORT JENNINGS TEL. CO.**

Signature of Authorized Officer or employee: <b>Michael Metzger</b> <small>Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort jennings tel. co.,l=Ft. Jennings OH 45844-0146, Date:5/24/2022</small>	Date: <b>5/24/2022</b>
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Printed name of Authorized Officer or employee: **Michael Metzger**

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

Telephone number of Authorized Officer or employee: **419-286-2181**

Study Area Code of Reporting Carrier	<b>300614</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **HANSON COMM OH-GER**

Signature of Authorized Officer or employee: **Bruce Hanson**  
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm. of ohio, llc.-orwell,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	<b>300618</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **GLANDORF TEL. CO., INC.**

Signature of Authorized Officer or employee: **David Hunt**

Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@bright.net,O=glandorf tel. co., inc.,l=Glandorf OH 45848, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **David Hunt**

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

Telephone number of Authorized Officer or employee: **419-538-6987**

Study Area Code of Reporting Carrier

**300619**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **KALIDA TEL. CO., INC.**

Signature of Authorized Officer or employee: **Chris Phillips**  
Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel. co., inc.,l=Kalida OH 45853, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Chris Phillips**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **419-532-3218**

Study Area Code of Reporting Carrier

**300625**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MIDDLE POINT HOME**

Signature of Authorized Officer or employee: **Bruce Hanson**  
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l=, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier

**300633**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **MINFORD TEL. CO., INC.**

Signature of Authorized Officer or employee: **Paula McGraw**  
Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel. co., inc.,l=Minford OH 45653, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Paula McGraw**

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

Telephone number of Authorized Officer or employee: **740-820-2151**

Study Area Code of Reporting Carrier	<b>300634</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **THE NEW KNOXVILLE TEL. CO.**

Signature of Authorized Officer or employee:	<b>Preston Meyer</b>	Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=pmeyer@nktelco.com,O=the new knoxville tel. co.,l=New Knoxville OH 45871-0219, Date:5/18/2022	Date: <b>5/18/2022</b>

Printed name of Authorized Officer or employee: **Preston Meyer**

Title or position of Authorized Officer or employee: **Sales Manager/Chief Operating Officer**

Telephone number of Authorized Officer or employee: **419-753-2457**

Study Area Code of Reporting Carrier	<b>300639</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **THE NOVA TEL CO**

Signature of Authorized Officer or employee: **Charles Mattingly**  
Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=the nova tel. co.,l=Judson TX 75660, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Charles Mattingly**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **903-663-0099**

Study Area Code of Reporting Carrier	<b>300644</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **HANSON COMM OH-ORW**

Signature of Authorized Officer or employee: **Bruce Hanson**  
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm. of ohio, llc.-orwell,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier

**300649**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **THE OTTOVILLE MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **William Honigford**  
Digitally signed by William Honigford DN:cn=William Honigford,email=bilh@ottovillemutual.com,O=the ottoville mutual tel. co.,l=Ottoville OH 45876-0427, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **William Honigford**

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

Telephone number of Authorized Officer or employee: **419-453-3324**

Study Area Code of Reporting Carrier

**300650**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PATTERSONVILLE TEL. CO.-OH**

Signature of Authorized Officer or employee: <b>Aaron Jones</b> <small>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel. co.-oh,l=Carrollton OH 44615, Date:5/31/2022</small>	Date: <b>5/31/2022</b>
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Printed name of Authorized Officer or employee: **Aaron Jones**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **330-895-4391**

Study Area Code of Reporting Carrier	<b>300651</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **RIDGEVILLE TEL. CO.**

Signature of Authorized Officer or employee: **Dave Gobrogge**  
Digitally signed by Dave Gobrogge DN:cn=Dave Gobrogge,email=dgobrogge@bright.net,O=ridgeville tel. co.,l=Ridgeville Corners OH 43555, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Dave Gobrogge**

Title or position of Authorized Officer or employee: **General Manager/Certification Officer**

Telephone number of Authorized Officer or employee: **419-267-5185**

Study Area Code of Reporting Carrier	<b>300654</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **SHERWOOD MUTUAL TEL. ASSOC.**

Signature of Authorized Officer or employee: **Richard Rostorfer**  
Digitally signed by Richard Rostorfer DN:cn=Richard Rostorfer,email=rickrostorfer@smta.cc,O=sherwood mutual tel. assoc.,l=Sherwood OH 43556, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Richard Rostorfer**

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

Telephone number of Authorized Officer or employee: **419-899-2121**

Study Area Code of Reporting Carrier	<b>300656</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **SYCAMORE TEL. CO.**

Signature of Authorized Officer or employee: **Richard Ekleberry II**  
Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@sycltelco.com,O=sycamore tel. co.,l= , Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Richard Ekleberry II**

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

Telephone number of Authorized Officer or employee: **419-927-6012**

Study Area Code of Reporting Carrier	<b>300658</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **TELEPHONE SERVICE**

Signature of Authorized Officer or employee: **Bruce Hanson**  
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l=, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier

**300659**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **VAUGHNSVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Martha Kaplan**  
Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel. co., inc.,l=Vaughnsville OH 45893-0127, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Martha Kaplan**

Title or position of Authorized Officer or employee: **Manager/Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **419-646-3431**

Study Area Code of Reporting Carrier	<b>300663</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **WABASH MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Mike Boley**

Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel. co.,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Mike Boley**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **419-942-1111**

Study Area Code of Reporting Carrier

**300664**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ALLBAND COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Ron Siegel**

Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=rsiegel@allbandcomm.com,O=allband communications cooperative, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Ron Siegel**

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

Telephone number of Authorized Officer or employee: **989-369-9870**

Study Area Code of Reporting Carrier

**310542**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BARAGA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Paul Stark**  
Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga telephone company,l=Baraga MI 49908, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Paul Stark**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **906-353-6644**

Study Area Code of Reporting Carrier

**310675**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **BARRY COUNTY TEL. CO.**

Signature of Authorized Officer or employee: **Cindy Hewitt**  
Digitally signed by Cindy Hewitt DN:cn=Cindy Hewitt,email=chewitt@mei.net,O=barry county tel. co.,l= , Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Cindy Hewitt**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **269-623-9999**

Study Area Code of Reporting Carrier

**310676**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **BLANCHARD TEL. CO.**

Signature of Authorized Officer or employee: **Ronald Ray**  
Digitally signed by Ronald Ray DN:cn=Ronald Ray,email=r ray@blanchardtel.com,O=blanchard telephone co.,l=Blanchard MI 49310, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Ronald Ray**

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

Telephone number of Authorized Officer or employee: **989-561-9932**

Study Area Code of Reporting Carrier

**310678**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **BLOOMINGDALE TEL. CO.**

Signature of Authorized Officer or employee: **Steve Shults**

Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel. co.,l=Bloomingdale MI 49026, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Steve Shults**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **269-521-7313**

Study Area Code of Reporting Carrier

**310679**

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

**6/16/2022**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **CARR TEL. CO.**

Signature of Authorized Officer or employee: **Terri Bogner**  
Digitally signed by Terri Bogner DN:cn=Terri Bogner,email=teri@carrinter.net,O=carr tel. co.,l= , Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Terri Bogner**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **231-898-2244**

Study Area Code of Reporting Carrier

**310683**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CLIMAX TEL CO**

Signature of Authorized Officer or employee: **Ed Corr**

Digitally signed by Ed Corr DN:cn=Ed  
 Corr,email=ed.corr@metronet.com,O=climax tel. co.,l= ,  
 Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Ed Corr**

Title or position of Authorized Officer or employee: **Vice President of Tax**

Telephone number of Authorized Officer or employee: **913-794-3121**

Study Area Code of Reporting Carrier

**310688**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **DEERFIELD FARMERS TEL. CO.**

Signature of Authorized Officer or employee: **Robert Parisien**  
Digitally signed by Robert Parisien DN:cn=Robert Parisien,email=robert.parisien@d-pcomm.com,O=deerfield farmers tel. co., Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Robert Parisien**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **734-279-5514**

Study Area Code of Reporting Carrier

**310691**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				Farmers Mutual of Chapin dba/Chapin Telephone Company	
Signature of authorized officer				Date	5-19-2022
Printed name of authorized officer		Greg Ringle			
Title or position of authorized officer		Certifying Officer			
Telephone number of authorized officer:		(989) 661-2476 ext.			
Study Area Code of Reporting Carrier	310694	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier				KALEVA TELEPHONE COMPANY	
Signature of authorized officer		Date		05/20/2022	
Printed name of authorized officer					
JON CRIBBS					
Title or position of authorized officer					
PRESIDENT					
Telephone number of authorized officer: (231) 362-3111					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022	
31073					
<p>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.</p>					

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).

Name of Reporting Carrier: **ACE TEL OF MICHIGAN**

Signature of Authorized Officer or employee: **Michael Osborne**  
Digitally signed by Michael Osborne DN:cn=Michael Osborne,email=mosborne@acentek.net,O=ace tel. assn.-mn,l=Houston MN 55943, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Michael Osborne**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **616-892-0123**

Study Area Code of Reporting Carrier

**310704**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				Lennon Telephone Company	
Signature of authorized officer		<i>Randy Fletcher</i>		Date	5/19/2022
Printed name of authorized officer		Randy Fletcher			
Title or position of authorized officer		CFO / General Manager			
Telephone number of authorized officer:		(810) 621-3301			
Study Area Code of Reporting Carrier	310708	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022		
<p>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.</p>					

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).

Name of Reporting Carrier: **MIDWAY TEL CO**

Signature of Authorized Officer or employee: **Camie Nebel-Conklin**  
Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Camie Nebel-Conklin**

Title or position of Authorized Officer or employee: **Vice President/Chief Financial Officer**

Telephone number of Authorized Officer or employee: **906-387-9911**

Study Area Code of Reporting Carrier

**310711**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HIAWATHA TEL CO**

Signature of Authorized Officer or employee: <b>Camie Nebel-Conklin</b>	Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/27/2022	Date: <b>5/27/2022</b>
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Printed name of Authorized Officer or employee: **Camie Nebel-Conklin**

Title or position of Authorized Officer or employee: **Vice President/Chief Financial Officer**

Telephone number of Authorized Officer or employee: **906-387-9911**

Study Area Code of Reporting Carrier	<b>310713</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **OGDEN TEL. CO.**

Signature of Authorized Officer or employee: **Kristen Fisher**  
Digitally signed by Kristen Fisher DN:cn=Kristen Fisher,email=fisher@ogdentel.com,O=ogden tel. co.,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Kristen Fisher**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **517-443-5595**

Study Area Code of Reporting Carrier

**310714**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ONTONAGON COUNTY TEL**

Signature of Authorized Officer or employee: **Camie Nebel-Conklin**  
Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Camie Nebel-Conklin**

Title or position of Authorized Officer or employee: **Vice President/Chief Financial Officer**

Telephone number of Authorized Officer or employee: **906-387-9911**

Study Area Code of Reporting Carrier	<b>310717</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **PIGEON TEL. CO.**

Signature of Authorized Officer or employee: **Neal Eichler**  
Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel. co.,l=Pigeon MI 48755, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Neal Eichler**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **989-453-4391**

Study Area Code of Reporting Carrier

**310721**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SAND CREEK TEL. CO.**

Signature of Authorized Officer or employee: **Harvey Souders**  
Digitally signed by Harvey Souders DN:cn=Harvey Souders,email=souders@sandcreektelco.com,O=sand creek tel. co.,l=Sand Creek MI 49279-0066, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Harvey Souders**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **517-436-3130**

Study Area Code of Reporting Carrier	<b>310725</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **SPRINGPORT TEL. CO.**

Signature of Authorized Officer or employee: **Mark Cutler**

Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel. co.,l=Springport MI 49284-0208, Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Mark Cutler**

Title or position of Authorized Officer or employee: **Accountant**

Telephone number of Authorized Officer or employee: **517-857-3100**

Study Area Code of Reporting Carrier

**310728**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **UPPER PENINSULA TEL**

Signature of Authorized Officer or employee: **Becky Schetter**  
Digitally signed by Becky Schetter DN:cn=Becky Schetter,email=becky.schetter@michbbs.com,O=upper peninsula tel. co.,l=Carney MI 49812-0086, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Becky Schetter**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **906-639-2111**

Study Area Code of Reporting Carrier

**310732**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WALDRON TEL CO**

Signature of Authorized Officer or employee: **Lucinda Bernath**  
Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel. co.,l=Waldron MI 49288-0197, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Lucinda Bernath**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **517-286-6211**

Study Area Code of Reporting Carrier

**310734**

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

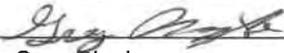
**6/16/2022**

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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).

Name of Reporting Carrier				Westphalia Telephone Company	
Signature of authorized officer				Date	5-23-22
Printed name of authorized officer		Greg Ringle			
Title or position of authorized officer		Certifying Officer			
Telephone number of authorized officer:		(989) 587-5008			
Study Area Code of Reporting Carrier	310735	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022		
<p>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.</p>					

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).

Name of Reporting Carrier: **WINN TEL. CO.**

Signature of Authorized Officer or employee: **Mark Graf**

Digitally signed by Mark Graf DN:cn=Mark Graf,email=mgraf@wintel.com,O=winn tel. co.,l=Winn MI 48896, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Mark Graf**

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

Telephone number of Authorized Officer or employee: **989-953-9876**

Study Area Code of Reporting Carrier

**310737**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MCBC**

Signature of Authorized Officer or employee: **Becky Schetter**  
Digitally signed by Becky Schetter DN:cn=Becky Schetter,email=becky.schetter@michbbs.com,O=michigan central broadband company, llc,l=Carney MI 49812-0086, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Becky Schetter**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **906-639-2111**

Study Area Code of Reporting Carrier

**310785**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BLOOMINGDALE HOME TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **Ronja Branson**  
Digitally signed by Ronja Branson DN:cn=Ronja Branson,email=rbranson@bloomingdaletel.com,O=bloomingdale home telephone company, inc.,l=Bloomington IN 47832, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Ronja Branson**

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

Telephone number of Authorized Officer or employee: **765-498-2000**

Study Area Code of Reporting Carrier

**320742**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CITIZENS TEL. CORP.-WARREN**

Signature of Authorized Officer or employee: **Cammy Ackley**  
Digitally signed by Cammy Ackley DN:cn=Cammy Ackley,email=cammy@citiznet.com,O=citizens tel. corp.-warren,I=Warren IN 46792, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Cammy Ackley**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **260-375-2111**

Study Area Code of Reporting Carrier

**320751**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CLAY CTY. RURAL TEL COOP INC D/B/A ENDEAVOR**

Signature of Authorized Officer or employee: **Darin LaCoursiere**  
Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email=darinl@weEndeavor.com,O=clay ct. rural tel coop inc d/b/a endeavor,l=Cloverdale IN 46120-0237, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Darin LaCoursiere**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **765-795-4261**

Study Area Code of Reporting Carrier

**320753**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CRAIGVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Lee Von Gunten**  
Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel. co., inc.,l=Craigville IN 46731, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Lee Von Gunten**

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

Telephone number of Authorized Officer or employee: **260-565-3131**

Study Area Code of Reporting Carrier

**320756**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **DAVIESS-MARTIN CTY. RURAL TEL. DBA RTC COMM.**

Signature of Authorized Officer or employee: **Kirk Lehman**  
Digitally signed by Kirk Lehman DN:cn=Kirk Lehman,email=klehman@rtccom.com,O=daviess-martin ct. rural tel. dba rtc comm.,l= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Kirk Lehman**

Title or position of Authorized Officer or employee: **CEO/Executive VP**

Telephone number of Authorized Officer or employee: **812-486-3211**

Study Area Code of Reporting Carrier	<b>320759</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **GEETINGSVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Steve Scott**

Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel. co., inc.,l= , Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Steve Scott**

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

Telephone number of Authorized Officer or employee: **765-258-3111**

Study Area Code of Reporting Carrier

**320771**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LIGONIER TEL. CO.**

Signature of Authorized Officer or employee: **Randy Mead**

Digitally signed by Randy Mead DN:cn=Randy Mead,email=rmead@ligtel.net,O=lignonier tel. co.,l= , Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Randy Mead**

Title or position of Authorized Officer or employee: **Vice President and General Manager**

Telephone number of Authorized Officer or employee: **260-894-7161**

Study Area Code of Reporting Carrier

**320783**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **MONON TEL. CO., INC.**

Signature of Authorized Officer or employee: **Bruce Hanway**  
Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel. co., inc.,l=Monon IN 47959, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Bruce Hanway**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **219-253-6601**

Study Area Code of Reporting Carrier	<b>320790</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **MULBERRY COOP. TEL. CO., INC.**

Signature of Authorized Officer or employee: **Greg Maish**  
Digitally signed by Greg Maish DN:cn=Greg Maish,email=gregmaish@mintel.net,O=mulberry coop. tel. co., inc.,l=Mulberry IN 46058-0370, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Greg Maish**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **765-296-2885**

Study Area Code of Reporting Carrier

**320792**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NEW LISBON TEL CO**

Signature of Authorized Officer or employee: **John Greene**  
Digitally signed by John Greene DN:cn=John Greene,email=john.greene@nlbc.com,O=new lisbon tel co,l=New Lisbon IN 47366, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **John Greene**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **765-332-2413**

Study Area Code of Reporting Carrier

**320796**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NEW PARIS TEL., INC.**

Signature of Authorized Officer or employee: **Paul Penrose**  
Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel., inc.,I=New Paris IN 46553-0047, Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Paul Penrose**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **574-831-7115**

Study Area Code of Reporting Carrier

**320797**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NORTHWESTERN INDIANA TEL. CO., INC.**

Signature of Authorized Officer or employee: <b>Thomas Long</b> <small>Digitally signed by Thomas Long DN:cn=Thomas Long,email=tlong@nitco.com,O=northwestern indiana tel. co., inc.,l=Hebron IN 46341, Date:5/25/2022</small>	Date: <b>5/25/2022</b>
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Printed name of Authorized Officer or employee: **Thomas Long**

Title or position of Authorized Officer or employee: **COO**

Telephone number of Authorized Officer or employee: **219-996-2981**

Study Area Code of Reporting Carrier	<b>320800</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **PERRY-SPENCER RURAL TEL. COOP., INC. DBA PSC**

Signature of Authorized Officer or employee: **James Dauby**  
Digitally signed by James Dauby DN:cn=James Dauby,email=jdauby@psci.net,O=perry-spencer rural tel. coop., inc. dba psc,l=St. Meinrad IN 47577, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **James Dauby**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **812-357-2123**

Study Area Code of Reporting Carrier	<b>320807</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **PULASKI-WHITE RURAL TEL. COOP.dba LIGHTSTREAM**

Signature of Authorized Officer or employee: **Brent Gillum**  
Digitally signed by Brent Gillum DN:cn=Brent Gillum,email=bgillum@pwrct.net,O=pulaski-white rural tel. coop.dba lightstream,l=Buffalo IN 47925, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Brent Gillum**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **574-278-7121**

Study Area Code of Reporting Carrier

**320813**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ROCHESTER TEL. CO., INC.**

Signature of Authorized Officer or employee: **Tyson Kalischuk**  
Digitally signed by Tyson Kalischuk DN:cn=Tyson Kalischuk,email=tyson.kalischuk@rtc1.com,O=rochester tel. co., inc., Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Tyson Kalischuk**

Title or position of Authorized Officer or employee: **VP of Finance**

Telephone number of Authorized Officer or employee: **574-223-0241**

Study Area Code of Reporting Carrier

**320815**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SOUTHEASTERN INDIANA RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Anthony Clark**  
Digitally signed by Anthony Clark DN:cn=Anthony Clark,email=clarkt@seidata.com,O=southeastern indiana rural tel. coop., inc.,l= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Anthony Clark**

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

Telephone number of Authorized Officer or employee: **812-667-5100**

Study Area Code of Reporting Carrier

**320819**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SUNMAN TELECOMM LLC**

Signature of Authorized Officer or employee: **Rodney Thiemann**

Digitally signed by Rodney Thiemann DN:cn=Rodney Thiemann,email=rthiemann@gpcom.com,O=sunman telecommunications llc,l=Blair NE 68008-0500, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Rodney Thiemann**

Title or position of Authorized Officer or employee: **Sr. Director-Regulatory Finance**

Telephone number of Authorized Officer or employee: **402-426-6433**

Study Area Code of Reporting Carrier

**320825**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SWAYZEE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Timothy Miles**  
Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@fiberhawk.com,O=swayzee tel. co., inc.,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Timothy Miles**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **765-922-7916**

Study Area Code of Reporting Carrier

**320826**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SWEETSER RURAL TEL. CO., INC.**

Signature of Authorized Officer or employee: **Scott Winger**  
Digitally signed by Scott Winger DN:cn=Scott Winger,email=sawinger@comteck.com,O=sweetser rural tel. co., inc.,l=Sweetser IN 46987, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Scott Winger**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **765-384-4311**

Study Area Code of Reporting Carrier	<b>320827</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **WASH. CTY. RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Roland King**  
Digitally signed by Roland King DN:cn=Roland King,email=roland.king@telemedia.coop,O=wash. cty. rural tel. coop.,inc., Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Roland King**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **812-967-2050**

Study Area Code of Reporting Carrier

**320834**

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

**6/16/2022**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **YEOMAN TEL. CO., INC.**

Signature of Authorized Officer or employee: **David Blacker**  
Digitally signed by David Blacker DN:cn=David Blacker,email=dblacke@fiberhawk.com,O=yeoman tel. co., inc.,l= , Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **David Blacker**

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

Telephone number of Authorized Officer or employee: **574-965-2100**

Study Area Code of Reporting Carrier

**320839**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **AMERY TELCOM, INC.**

Signature of Authorized Officer or employee: <b>Scott Jensen</b>	Digitally signed by Scott Jensen DN:cn=Scott Jensen,email=sjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/20/2022	Date: <b>5/20/2022</b>
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Printed name of Authorized Officer or employee: **Scott Jensen**

Title or position of Authorized Officer or employee: **Vice President & General Manager**

Telephone number of Authorized Officer or employee: **715-268-7101**

Study Area Code of Reporting Carrier	<b>330842</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **AMHERST TEL. CO.**

Signature of Authorized Officer or employee: <b>Carl Bohman</b> <small>Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=carlb@tvalleycom.com,O=amherst tel. co.,l=Amherst WI 54406-0279, Date:5/18/2022</small>	Date: <b>5/18/2022</b>
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Printed name of Authorized Officer or employee: **Carl Bohman**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **715-824-5529**

Study Area Code of Reporting Carrier	<b>330843</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **BALDWIN TELCOM., INC.**

Signature of Authorized Officer or employee: **Matt Sparks**

Digitally signed by Matt Sparks DN:cn=Matt Sparks,email=matt.sparks@baldwin-telecom.net,O=baldwin telecom.,inc.,l=Baldwin WI 54002, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Matt Sparks**

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

Telephone number of Authorized Officer or employee: **715-684-1055**

Study Area Code of Reporting Carrier

**330846**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BELMONT TEL CO**

Signature of Authorized Officer or employee: **Kent Dau**  
Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=belmont tel. co.,l=Eldridge IA 52748, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Kent Dau**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **563-285-9611**

Study Area Code of Reporting Carrier

**330847**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BERGEN TEL CO**

Signature of Authorized Officer or employee: **Brad Ellefson**  
Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel. co.,l=Sharon WI 53585, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Brad Ellefson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **262-736-9981**

Study Area Code of Reporting Carrier

**330848**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BLOOMER TEL. CO.**

Signature of Authorized Officer or employee: **Kent Klima**

Digitally signed by Kent Klima DN:cn=Kent Klima,email=kent.klima@bloomer.net,O=bloomer tel. co.,l=, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Kent Klima**

Title or position of Authorized Officer or employee: **Vice President & General Manager**

Telephone number of Authorized Officer or employee: **715-568-4830**

Study Area Code of Reporting Carrier

**330850**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **BRUCE TEL. CO., INC.**

Signature of Authorized Officer or employee: **John Manosky**  
Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel. co., inc.,l= , Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **John Manosky**

Title or position of Authorized Officer or employee: **President & General Manager**

Telephone number of Authorized Officer or employee: **715-868-5111**

Study Area Code of Reporting Carrier

**330855**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CHEQUAMEGON COM COOP**

Signature of Authorized Officer or employee: **Robert Thompson**  
Digitally signed by Robert Thompson DN:cn=Robert Thompson,email=rthompson@norvado.com,O=price county tel. co.,l=Cable WI 54821, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Robert Thompson**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **715-798-3303**

Study Area Code of Reporting Carrier

**330860**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CHIBARDUN TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Domenico Fornaro**  
Digitally signed by Domenico Fornaro DN:cn=Domenico Fornaro,email=dfornaro@mosaictelecom.com,O=chibardun tel. coop., inc.,l=Cameron WI 54822, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Domenico Fornaro**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **715-458-5400**

Study Area Code of Reporting Carrier

**330861**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CITIZENS TEL. COOP., INC.-WI**

Signature of Authorized Officer or employee: **Dennis Bachman**  
Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel. coop., inc.-wi,l=New Auburn WI 54757-0127, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Dennis Bachman**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **715-237-2605**

Study Area Code of Reporting Carrier	<b>330863</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **CLEAR LAKE TELEPHONE COMPANY, LLC**

Signature of Authorized Officer or employee: **Tim Kusilek**

Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake telephone company, llc,l=Clear Lake WI 54005, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Tim Kusilek**

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

Telephone number of Authorized Officer or employee: **715-263-2755**

Study Area Code of Reporting Carrier

**330865**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **COON VALLEY FARMERS TEL. CO., INC.**

Signature of Authorized Officer or employee: **Carol Olson**  
Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers tel. co., inc.,l=Coon Valley WI 54623-0398, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Carol Olson**

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

Telephone number of Authorized Officer or employee: **608-452-3101**

Study Area Code of Reporting Carrier	<b>330868</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **CUBA CITY EXCHANGE**

Signature of Authorized Officer or employee: <b>Kent Dau</b>	Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=belmont tel. co.,l=Eldridge IA 52748, Date:5/24/2022	Date: <b>5/24/2022</b>
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Printed name of Authorized Officer or employee: **Kent Dau**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **563-285-9611**

Study Area Code of Reporting Carrier	<b>330872</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **FARMERS IND. TEL. CO.-WI**

Signature of Authorized Officer or employee: **Terry Kucera**  
Digitally signed by Terry Kucera DN:cn=Terry Kucera,email=terry@grantsburgtelcom.com,O=farmers ind. tel. co.-wi,l=Grantsburg WI 54840-0447, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Terry Kucera**

Title or position of Authorized Officer or employee: **General Manager and Compliance Officer**

Telephone number of Authorized Officer or employee: **715-463-5322**

Study Area Code of Reporting Carrier

**330879**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **HILLSBORO TEL. CO., INC.**

Signature of Authorized Officer or employee: **Carla Shaker**  
Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel. co., inc.,l=Hillsboro WI 54634-0427, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Carla Shaker**

Title or position of Authorized Officer or employee: **Treasurer/Office Mgr.**

Telephone number of Authorized Officer or employee: **608-489-3230**

Study Area Code of Reporting Carrier

**330892**

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

**6/16/2022**

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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).

Name of Reporting Carrier: LAKEFIELD TEL CO

Signature of Authorized Officer or employee: Dan Fabry

Digitally signed by Dan Fabry DN:cn=Dan Fabry,email=dan.fabry@nsight.com,O=lakefield telephone company,l=Green Bay WI 54307-9079, Date:5/23/2022

Date: 5/23/2022

Printed name of Authorized Officer or employee: Dan Fabry

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 920-617-7415

Study Area Code of Reporting Carrier

330896

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

6/16/2022

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **LA VALLE TEL. COOP.**

Signature of Authorized Officer or employee: **Gregory Rockweiler**  
Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=gregr@lvc.coop,O=la valle tel. coop.,l=La Valle WI 53941, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Gregory Rockweiler**

Title or position of Authorized Officer or employee: **Assistant Secretary**

Telephone number of Authorized Officer or employee: **608-985-7201**

Study Area Code of Reporting Carrier	<b>330899</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **LEMONWEIR VALLEY TEL. CO.**

Signature of Authorized Officer or employee: **Donna Rezin**  
Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=Donna.Rezin@getlynxx.com,O=lemonweir valley tel. co.,l=Camp Douglas WI 54618, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Donna Rezin**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **608-427-6515**

Study Area Code of Reporting Carrier

**330900**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **LAKELAND COMMUNICATIONS GROUP, LLC**

Signature of Authorized Officer or employee: **Crystal Morley**  
Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystal@lakelandteam.com,O=lakeland communications group, llc,l=Milltown WI 54858, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Crystal Morley**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **715-825-5105**

Study Area Code of Reporting Carrier

**330902**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **MANAWA TEL CO**

Signature of Authorized Officer or employee: **Justin Huebner**  
Digitally signed by Justin Huebner DN:cn=Justin Huebner,email=jhuebner@solarus.net,O=manawa tel. co.,l=Wisconsin Rapids WI 54495-8045, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Justin Huebner**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **715-421-8140**

Study Area Code of Reporting Carrier	<b>330905</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **MARQUETTE-ADAMS TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Jerry Schneider**  
Digitally signed by Jerry Schneider DN:cn=Jerry Schneider,email=jschneider@maadtelco.com,O=marquette-adams tel. coop., inc.,l=Oxford WI 53952, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Jerry Schneider**

Title or position of Authorized Officer or employee: **CEO & General Manager**

Telephone number of Authorized Officer or employee: **608-586-4111**

Study Area Code of Reporting Carrier

**330908**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **NELSON COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Christy Berger**  
Digitally signed by Christy Berger DN:cn=Christy Berger,email=christy@ntec.net,O=nelson communications cooperative,l=Durand WI 54736-0228, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Christy Berger**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **715-672-4204**

Study Area Code of Reporting Carrier	<b>330918</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **NIAGARA TEL CO**

Signature of Authorized Officer or employee: **Dan Fabry**

Digitally signed by Dan Fabry DN:cn=Dan Fabry,email=dan.fabry@nsight.com,O=lakefield telephone company,l=Green Bay WI 54307-9079, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Dan Fabry**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **920-617-7415**

Study Area Code of Reporting Carrier

**330920**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **BAYLAND TEL, LLC**

Signature of Authorized Officer or employee: **Dan Fabry**

Digitally signed by Dan Fabry DN:cn=Dan Fabry,email=dan.fabry@nsight.com,O=lakefield telephone company,l=Green Bay WI 54307-9079, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Dan Fabry**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **920-617-7415**

Study Area Code of Reporting Carrier

**330925**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **PRICE COUNTY TEL CO**

Signature of Authorized Officer or employee: **Robert Thompson**  
Digitally signed by Robert Thompson DN:cn=Robert Thompson,email=rthompson@norvado.com,O=price county tel. co.,l=Cable WI 54821, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Robert Thompson**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **715-798-3303**

Study Area Code of Reporting Carrier

**330937**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **NORTHEAST TEL CO**

Signature of Authorized Officer or employee: **Dan Fabry**

Digitally signed by Dan Fabry DN:cn=Dan Fabry,email=dan.fabry@nsight.com,O=lakefield telephone company,l=Green Bay WI 54307-9079, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Dan Fabry**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **920-617-7415**

Study Area Code of Reporting Carrier

**330938**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **RICHLAND-GRANT TEL. COOP., INC.**

Signature of Authorized Officer or employee: **John Bartz**

Digitally signed by John Bartz DN:cn=John Bartz,email=jbartz@mwt.net,O=richland-grant tel. coop.,inc.,l=Blue River WI 53518, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **John Bartz**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **608-537-2461**

Study Area Code of Reporting Carrier

**330942**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SHARON TEL CO**

Signature of Authorized Officer or employee: <b>Brad Ellefson</b>	Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel. co.,l=Sharon WI 53585, Date:5/20/2022	Date: <b>5/20/2022</b>
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Printed name of Authorized Officer or employee: **Brad Ellefson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **262-736-9981**

Study Area Code of Reporting Carrier	<b>330946</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **SIREN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Sid Sherstad**  
Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel. co., inc.,l=Siren WI 54872-0426, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Sid Sherstad**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **715-349-2224**

Study Area Code of Reporting Carrier

**330949**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SOMERSET TEL CO**

Signature of Authorized Officer or employee: **Scott Jensen**  
Digitally signed by Scott Jensen DN:cn=Scott Jensen,email=sjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Scott Jensen**

Title or position of Authorized Officer or employee: **Vice President & General Manager**

Telephone number of Authorized Officer or employee: **715-268-7101**

Study Area Code of Reporting Carrier

**330951**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SPRING VALLEY TEL. CO., INC.**

Signature of Authorized Officer or employee: **Carol Anderson**  
Digitally signed by Carol Anderson DN:cn=Carol Anderson,email=svtel@svtel.net,O=spring valley tel. co., inc.,l=Spring Valley WI 54767, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Carol Anderson**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **715-778-4433**

Study Area Code of Reporting Carrier

**330953**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **Cheryl Rue**  
Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county communications cooperative, inc.,l=Strum WI 54770, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Cheryl Rue**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **715-695-2691**

Study Area Code of Reporting Carrier

**330960**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **UNION TEL. CO.**

Signature of Authorized Officer or employee: **Carl Bohman**  
Digitally signed by Carl Bohman DN:cn=Carl Bohman,email=carlb@tvalleycom.com,O=union tel. co.,l=Amherst WI 54406-0279, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Carl Bohman**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **715-824-5529**

Study Area Code of Reporting Carrier

**330962**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **VERNON COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: <b>Rodney Olson</b>	Digitally signed by Rodney Olson DN:cn=Rodney Olson,email=rolson@vernoncom.coop,O=vernon communications cooperative,l=Westby WI 54667, Date:5/27/2022	Date: <b>5/27/2022</b>
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Printed name of Authorized Officer or employee: **Rodney Olson**

Title or position of Authorized Officer or employee: **CEO & General Manager**

Telephone number of Authorized Officer or employee: **608-634-7421**

Study Area Code of Reporting Carrier	<b>330966</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **WEST WISCONSIN TELCOM COOP., INC.**

Signature of Authorized Officer or employee: **Mark Stenseth**  
Digitally signed by Mark Stenseth DN:cn=Mark Stenseth,email=stenseth@wwt.coop,O=west wisconsin telecom coop.,inc.,l=Downsville WI 54735, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Mark Stenseth**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **715-664-8311**

Study Area Code of Reporting Carrier

**330971**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WITTENBERG TEL. CO.**

Signature of Authorized Officer or employee: **Scott Nyman**  
Digitally signed by Scott Nyman DN:cn=Scott Nyman,email=snyman@cirrinity.net,O=wittenberg tel. co.,l=Wittenberg WI 54499-0160, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Scott Nyman**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **715-253-2112**

Study Area Code of Reporting Carrier

**330973**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **WOOD COUNTY TEL CO**

Signature of Authorized Officer or employee: **Justin Huebner**  
Digitally signed by Justin Huebner DN:cn=Justin Huebner,email=jhuebner@solarus.net,O=manawa tel. co.,l=Wisconsin Rapids WI 54495-8045, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Justin Huebner**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **715-421-8140**

Study Area Code of Reporting Carrier	<b>330974</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **ADAMS TEL. COOP.**

Signature of Authorized Officer or employee: **James Broemmer Jr.**  
Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroemmer@adamstel.com,O=adams tel. coop.,l=Golden IL 62339-0217, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **James Broemmer Jr.**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **217-696-4411**

Study Area Code of Reporting Carrier

**340976**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **ALHAMBRA - GRANTFORK TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Kevin Osterbur**  
Digitally signed by Kevin Osterbur DN:cn=Kevin Osterbur,email=kevino@exchange.agtelco.com,O=alhambra - grantfork telephone company,l=Alhambra IL 62001-0207, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Kevin Osterbur**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **618-488-2165**

Study Area Code of Reporting Carrier

**340978**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **CAMBRIDGE TEL CO -IL**

Signature of Authorized Officer or employee: **Judith Denys**  
Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=cambridge tel. co.-il,l=Geneseo IL 61254-0330, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Judith Denys**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **309-944-8017**

Study Area Code of Reporting Carrier

**340983**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **CASS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Amy Parlier**  
Digitally signed by Amy Parlier DN:cn=Amy Parlier,email=amy@casscomm.com,O=cass telephone company,l=Virginia IL 62691, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Amy Parlier**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **217-452-4112**

Study Area Code of Reporting Carrier

**340984**

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

**6/16/2022**

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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).

Name of Reporting Carrier <b>Clarksville Mutual Telephone Company</b>				
Signature of authorized officer <i>Patricia Rhoads</i>			Date	5/20/2022
Printed name of authorized officer <b>Patricia Rhoads</b>				
Title or position of authorized officer <b>Secretary/Treasurer</b>				
Telephone number of authorized officer: <b>217,889-3822</b> , ext.				
Study Area Code of Reporting Carrier	<b>340990</b>	Filing Due Date for this form (mm/dd/yyyy)	June 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. 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

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).

Name of Reporting Carrier: **CROSSVILLE TEL. CO.**

Signature of Authorized Officer or employee: **Chris Birkla**

Digitally signed by Chris Birkla DN:cn=Chris Birkla,email=cbirkla@crosstelco.com,O=crossville tel. co.,l=Crossville IL 62827, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Chris Birkla**

Title or position of Authorized Officer or employee: **Assistant Secretary/Treasurer/General Mg**

Telephone number of Authorized Officer or employee: **618-966-2196**

Study Area Code of Reporting Carrier

**340993**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **EGYPTIAN COOP ASSN**

Signature of Authorized Officer or employee: **Matt Bollinger**  
Digitally signed by Matt Bollinger DN:cn=Matt Bollinger,email=mbollinger@egyptian.net,O=egyptian tel. coop. assn., Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Matt Bollinger**

Title or position of Authorized Officer or employee: **Executive Vice President/General Manager**

Telephone number of Authorized Officer or employee: **618-774-1000**

Study Area Code of Reporting Carrier

**341003**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **FLAT ROCK TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Barry Adair**  
Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=flat rock tel. coop., inc.,l=Louisville IL 62858, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Barry Adair**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **618-665-3311**

Study Area Code of Reporting Carrier

**341012**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **GENESEO TEL CO**

Signature of Authorized Officer or employee: **Judith Denys**  
Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=cambridge tel. co.-il,l=Geneseo IL 61254-0330, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Judith Denys**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **309-944-8017**

Study Area Code of Reporting Carrier

**341016**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **GLASFORD TEL. CO.**

Signature of Authorized Officer or employee: <b>Duane Goetze</b>	Digitally signed by Duane Goetze DN:cn=Duane Goetze,email=swbgtc@glastel.net,O=glasford tel. co.,l=Glasford IL 61533, Date:5/18/2022	Date: <b>5/18/2022</b>
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Printed name of Authorized Officer or employee: **Duane Goetze**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **309-389-2111**

Study Area Code of Reporting Carrier	<b>341017</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **GRAFTON TEL. CO.**

Signature of Authorized Officer or employee: **Leigh Sickinger**  
Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grafon tel. co.,l=Grafton IL 62037, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Leigh Sickinger**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **618-786-3400**

Study Area Code of Reporting Carrier

**341020**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **THE GRANDVIEW MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Angela Tate**  
Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=the grandview mutual tel. co.,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Angela Tate**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **217-946-4101**

Study Area Code of Reporting Carrier	<b>341021</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **GRIDLEY TEL CO**

Signature of Authorized Officer or employee: **Herb Flesher**  
Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel. co.,l=Gridley IL 61744-0129, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Herb Flesher**

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

Telephone number of Authorized Officer or employee: **309-747-3780**

Study Area Code of Reporting Carrier

**341023**

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

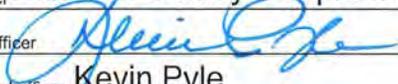
**6/16/2022**

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.

**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).

Name of Reporting Carrier				Hamilton County Telephone Co-op	
Signature of authorized officer				Date	5-17-2022
Printed name of authorized officer		Kevin Pyle			
Title or position of authorized officer		GM/EVP			
Telephone number of authorized officer: (618) 736-2211 ext.					
Study Area Code of Reporting Carrier	341024	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier: **SHAWNEE TEL. CO.**

Signature of Authorized Officer or employee: **James Grisham**  
Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee telephone company,l=Equality IL 62934, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **James Grisham**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **618-276-4211**

Study Area Code of Reporting Carrier

**341025**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HENRY COUNTY TEL CO**

Signature of Authorized Officer or employee: **Judith Denys**  
Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=cambridge tel. co.-il,|=Geneseo IL 61254-0330, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Judith Denys**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **309-944-8017**

Study Area Code of Reporting Carrier

**341029**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HOME TELEPHONE COMPANY-ST. JACOB**

Signature of Authorized Officer or employee: **Eric Schmidt**  
Digitally signed by Eric Schmidt DN:cn=Eric Schmidt,email=eschmidt@hometel.com,O=home telephone company-st. jacob,l=St. Jacob IL 62281, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Eric Schmidt**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **618-644-2111**

Study Area Code of Reporting Carrier

**341032**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **KINSMAN MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Michelle Baudino**  
Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel. co.,l=Kinsman IL 60437, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Michelle Baudino**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **815-392-4210**

Study Area Code of Reporting Carrier

**341041**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LA HARPE TEL. CO.**

Signature of Authorized Officer or employee: **Mark Irish**

Digitally signed by Mark Irish DN:cn=Mark Irish,email=mark@laharpetelephone.com,O=la harpe tel. co.,l=LaHarpe IL 61450, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Mark Irish**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **217-659-7721**

Study Area Code of Reporting Carrier

**341043**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LEAF RIVER TEL. CO.**

Signature of Authorized Officer or employee: <b>Aaron Palmer</b>	Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lrnet1.com,O=leaf river tel. co.,l=Leaf River IL 61047, Date:5/19/2022	Date: <b>5/19/2022</b>
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Printed name of Authorized Officer or employee: **Aaron Palmer**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **815-738-2216**

Study Area Code of Reporting Carrier	<b>341045</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **LEONORE MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Donna Naas**  
Digitally signed by Donna Naas DN:cn=Donna Naas,email=lmtc@lmtc.net,O=leonore mutual tel. co.,l=Leonore IL 61332, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Donna Naas**

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

Telephone number of Authorized Officer or employee: **815-856-3164**

Study Area Code of Reporting Carrier

**341046**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MCDONOUGH TELEPHONE COOPERATIVE**

Signature of Authorized Officer or employee: **Jay Griswold**  
Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jgriswold@mdtc.net,O=mcdonough telephone cooperative,l=Colchester IL 62326, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Jay Griswold**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **309-776-3211**

Study Area Code of Reporting Carrier

**341047**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MCNABB TEL. CO.**

Signature of Authorized Officer or employee: **Kenneth Troyan**  
Digitally signed by Kenneth Troyan DN:cn=Kenneth Troyan,email=kennethtroyan@nabbnet.com,O=mcnabb tel. co.,l= , Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Kenneth Troyan**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **815-882-2201**

Study Area Code of Reporting Carrier

**341048**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				Madison Telephone Company	
Signature of authorized officer			Date		5/19/2022
Printed name of authorized officer			Mary J. Westerkord		
Title or position of authorized officer			Vice President		
Telephone number of authorized officer: (68) 625-1000, ext. 0248					
Study Area Code of Reporting Carrier		341049	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier: **MARSEILLES TEL CO**

Signature of Authorized Officer or employee: **Ann Dickerson**  
Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=adickerson@corp.mtco.com,O=marseilles tel. co. of mars.,l=Metamora IL 61548-0800, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Ann Dickerson**

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

Telephone number of Authorized Officer or employee: **309-367-4197**

Study Area Code of Reporting Carrier	<b>341050</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **METAMORA TEL CO**

Signature of Authorized Officer or employee: **Ann Dickerson**  
Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=adickerson@corp.mtco.com,O=marseilles tel. co. of mars.,l=Metamora IL 61548-0800, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Ann Dickerson**

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

Telephone number of Authorized Officer or employee: **309-367-4197**

Study Area Code of Reporting Carrier	<b>341053</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **MID CENTURY TELEPHONE CO-OPERATIVE**

Signature of Authorized Officer or employee: <b>James Broemmer, Jr.</b>	Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jimbroemmer@adamstel.com,O=mid century telephone co-operative,l=Fairview IL 61432, Date:5/24/2022	Date: <b>5/24/2022</b>
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Printed name of Authorized Officer or employee: **James Broemmer, Jr.**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **309-778-8611**

Study Area Code of Reporting Carrier	<b>341054</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **MONTROSE MUTUAL TEL**

Signature of Authorized Officer or employee: **Barry Adair**

Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=montrose mutual tel. co.,l=Louisville IL 62858, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Barry Adair**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **618-665-3311**

Study Area Code of Reporting Carrier

**341058**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MOULTRIE INDEPENDENT**

Signature of Authorized Officer or employee: **James Grisham**  
Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee telephone company,l=Equality IL 62934, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **James Grisham**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **618-276-4211**

Study Area Code of Reporting Carrier

**341060**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NEW WINDSOR TEL. CO.**

Signature of Authorized Officer or employee: **Sharon Sims**

Digitally signed by Sharon Sims DN:cn=Sharon Sims,email=nwofficer667@gmail.com,O=new windsor tel. co.,l=New Windsor IL 61465, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Sharon Sims**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **309-667-2712**

Study Area Code of Reporting Carrier

**341062**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ONEIDA TEL. EXCHANGE**

Signature of Authorized Officer or employee: **Troy Nimrick**  
Digitally signed by Troy Nimrick DN:cn=Troy Nimrick,email=troy@oneidatel.com,O=oneida tel. exchange,l=Oneida IL 61467-0445, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Troy Nimrick**

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

Telephone number of Authorized Officer or employee: **309-483-3111**

Study Area Code of Reporting Carrier

**341066**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **REYNOLDS TEL. CO.**

Signature of Authorized Officer or employee: **Jace Taylor**

Digitally signed by Jace Taylor DN:cn=Jace Taylor,email=jataylor@reysel.net,O=reynolds tel. co.,l=Reynolds IL 61279, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Jace Taylor**

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

Telephone number of Authorized Officer or employee: **309-372-4214**

Study Area Code of Reporting Carrier

**341075**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **TONICA TEL. CO.**

Signature of Authorized Officer or employee: **Jeremy Hillyer**  
Digitally signed by Jeremy Hillyer DN:cn=Jeremy Hillyer,email=tontel@tonicacom.net,O=tonica tel. co.,l=Tonica IL 61370-0158, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Jeremy Hillyer**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **815-442-9901**

Study Area Code of Reporting Carrier

**341086**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **VIOLA HOME TEL. CO.**

Signature of Authorized Officer or employee: **Jay Barton**

Digitally signed by Jay Barton DN:cn=Jay Barton,email=jay@violatel.com,O=viola home tel. co.,l=Viola IL 61486, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Jay Barton**

Title or position of Authorized Officer or employee: **Assistant Secretary**

Telephone number of Authorized Officer or employee: **309-596-2222**

Study Area Code of Reporting Carrier

**341087**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WABASH COMM CO-OP**

Signature of Authorized Officer or employee: **Barry Adair**  
Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=montrose mutual tel. co.,l=Louisville IL 62858, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Barry Adair**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **618-665-3311**

Study Area Code of Reporting Carrier

**341088**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WOODHULL TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Philip Wirt**

Digitally signed by Philip Wirt DN:cn=Philip Wirt,email=pwirtwc@divcominc.net,O=woodhull telephone company,l=Woodhull IL 61490-0117, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Philip Wirt**

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

Telephone number of Authorized Officer or employee: **309-334-2150**

Study Area Code of Reporting Carrier

**341091**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **STELLE TEL. CO.**

Signature of Authorized Officer or employee: **Jo Daly**  
Digitally signed by Jo Daly DN:cn=Jo  
 Daly,email=stelltelephone@stelle.net,O=stelle tel. co.,l= ,  
 Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Jo Daly**

Title or position of Authorized Officer or employee: **Financial/Admin Manager**

Telephone number of Authorized Officer or employee: **815-256-2345**

Study Area Code of Reporting Carrier	<b>341092</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **REASNOR TELEPHONE COMPANY, LLC**

Signature of Authorized Officer or employee: **Johnny Harvison**  
Digitally signed by Johnny Harvison DN:cn=Johnny Harvison,email=johnny.harvison@dynprod.net,O=reasnor telephone company, llc,|= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Johnny Harvison**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **817-838-1800**

Study Area Code of Reporting Carrier

**350739**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ANDREW TEL CO INC**

Signature of Authorized Officer or employee: **JoAnne Gregorich**  
Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel. co., inc.,l=LaMotte IA 52054, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **JoAnne Gregorich**

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

Telephone number of Authorized Officer or employee: **563-773-2213**

Study Area Code of Reporting Carrier

**351097**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WESTSIDE INDEPENDENT**

Signature of Authorized Officer or employee: **Kevin Skinner**  
Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Kevin Skinner**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-673-2311**

Study Area Code of Reporting Carrier

**351100**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **ATKINS TEL. CO.**

Signature of Authorized Officer or employee: **Gerald Spaight**  
Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atcomm.net,O=atkins tel. co.,l=Atkins IA 52206, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Gerald Spaight**

Title or position of Authorized Officer or employee: **General Manager / Treasurer**

Telephone number of Authorized Officer or employee: **319-446-7331**

Study Area Code of Reporting Carrier

**351101**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **AYRSHIRE FARMERS MUT**

Signature of Authorized Officer or employee: **Donald Miller**  
Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=ayrshire fmrs. mut. tel. co.,l=, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Donald Miller**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **712-776-2222**

Study Area Code of Reporting Carrier

**351105**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ALPINE COMMUNICATIONS, L.C.**

Signature of Authorized Officer or employee: **Chris Hopp**

Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine communications, l.c.,l=Elkader IA 52043, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Chris Hopp**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **563-245-4480**

Study Area Code of Reporting Carrier

**351106**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BALDWIN-NASHVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Brian Rickels**  
Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville tel. co., inc.,l=Baldwin IA 52207-0050, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Brian Rickels**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **563-673-6001**

Study Area Code of Reporting Carrier	<b>351107</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **BARNES CITY COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Diane Henry**  
Digitally signed by Diane Henry DN:cn=Diane Henry,email=barnescity@netins.net,O=barnes city coop. tel. co.,l=Barnes City IA 50027, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Diane Henry**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **641-644-5214**

Study Area Code of Reporting Carrier

**351108**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BERNARD TEL. CO., INC.**

Signature of Authorized Officer or employee: **Kyle Manders**  
Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel. co., inc.,l=Bernard IA 52032-0068, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Kyle Manders**

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

Telephone number of Authorized Officer or employee: **563-879-3203**

Study Area Code of Reporting Carrier

**351110**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BREDA TEL CORP.**

Signature of Authorized Officer or employee: **Kevin Skinner**  
Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Kevin Skinner**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-673-2311**

Study Area Code of Reporting Carrier

**351112**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **BROOKLYN MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Tim Atkinson**  
Digitally signed by Tim Atkinson DN:cn=Tim Atkinson,email=brookmt@netins.net,O=brooklyn mutual tel. co.,l=Brooklyn IA 52211-0513, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Tim Atkinson**

Title or position of Authorized Officer or employee: **General Manager/Compliance Officer**

Telephone number of Authorized Officer or employee: **641-522-9211**

Study Area Code of Reporting Carrier

**351113**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **BUTLER-BREMER MUT. TEL. CO.**

Signature of Authorized Officer or employee: **Andrea Hansen**  
Digitally signed by Andrea Hansen DN:cn=Andrea Hansen,email=andrea@butler-bremer.biz,O=butler-bremer mut. tel. co.,l=Plainfield IA 50666-0099, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Andrea Hansen**

Title or position of Authorized Officer or employee: **CEO/GM**

Telephone number of Authorized Officer or employee: **319-276-4458**

Study Area Code of Reporting Carrier

**351115**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **CASCADE COMMUNICATIONS COMPANY**

Signature of Authorized Officer or employee: **David Gibson**  
Digitally signed by David Gibson DN:cn=David Gibson,email=dave@cascadecomm.com,O=cascade communications company,l=Cascade IA 52033-0250, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **David Gibson**

Title or position of Authorized Officer or employee: **General Manager/Compliance Officer**

Telephone number of Authorized Officer or employee: **563-852-3710**

Study Area Code of Reporting Carrier

**351118**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **CASEY MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: <b>John Breining</b> <small>Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel. co.,l=Casey IA 50048, Date:5/25/2022</small>	Date: <b>5/25/2022</b>
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Printed name of Authorized Officer or employee: **John Breining**

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

Telephone number of Authorized Officer or employee: **641-746-2222**

Study Area Code of Reporting Carrier	<b>351119</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **CENTER JUNCTION TEL. CO., INC.**

Signature of Authorized Officer or employee: **Russ Benke**  
Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=center junction tel. co., inc.,I=Center Junction IA 52212, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Russ Benke**

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

Telephone number of Authorized Officer or employee: **563-487-2631**

Study Area Code of Reporting Carrier

**351121**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CENTRAL SCOTT TEL CO**

Signature of Authorized Officer or employee: <b>Kent Dau</b> <small>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=belmont tel. co.,l=Eldridge IA 52748, Date:5/24/2022</small>	Date: <b>5/24/2022</b>
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Printed name of Authorized Officer or employee: **Kent Dau**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **563-285-9611**

Study Area Code of Reporting Carrier	<b>351125</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **CITIZENS MUTUAL TELEPHONE COOPERATIVE**

Signature of Authorized Officer or employee: **Vince Tyson**  
Digitally signed by Vince Tyson DN:cn=Vince Tyson,email=vtyson@mycmtech.com,O=citizens mutual telephone cooperative,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Vince Tyson**

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

Telephone number of Authorized Officer or employee: **641-664-2074**

Study Area Code of Reporting Carrier

**351129**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CLARENCE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Chad Fall**

Digitally signed by Chad Fall DN:cn=Chad Fall,email=ctcmanager@netins.net,O=clarence tel. co., inc.,I=Clarence IA 52216, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Chad Fall**

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

Telephone number of Authorized Officer or employee: **563-452-3852**

Study Area Code of Reporting Carrier

**351130**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **C-M-L TEL. COOP. ASSN.**

Signature of Authorized Officer or employee: **Bruce Johnson**  
Digitally signed by Bruce Johnson DN:cn=Bruce Johnson,email=cmltelco@netins.net,O=c-m-l tel. coop. assn.,l=Meriden IA 51037-0018, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Bruce Johnson**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-443-8222**

Study Area Code of Reporting Carrier

**351133**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **COLO TEL. CO.**

Signature of Authorized Officer or employee: **Larry Springer**  
Digitally signed by Larry Springer DN:cn=Larry Springer,email=larry@colotel.org,O=colo tel. co.,I= Colo IA 50056-0315, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Larry Springer**

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

Telephone number of Authorized Officer or employee: **641-377-2202**

Study Area Code of Reporting Carrier	<b>351134</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **SHELLSBURG CABLE**

Signature of Authorized Officer or employee: **Curtis Eldred**  
Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@usacomm.coop,O=farmers mutual tel. coop.-shellsburg,l=Shellsburg IA 52332, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Curtis Eldred**

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

Telephone number of Authorized Officer or employee: **319-436-2224**

Study Area Code of Reporting Carrier	<b>351136</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **COON VALLEY COOP. TEL. ASSN., INC.**

Signature of Authorized Officer or employee: **Jim Nelson**

Digitally signed by Jim Nelson DN:cn=Jim Nelson,email=jnelson@coonvalleytelco.com,O=coon valley coop. tel. assn., inc.,l=Menlo IA 50164, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Jim Nelson**

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

Telephone number of Authorized Officer or employee: **641-524-2111**

Study Area Code of Reporting Carrier

**351137**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Scott Schabacker**  
Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=cooptel@netins.net,O=coop. tel. co.,l=Victor IA 52347, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Scott Schabacker**

Title or position of Authorized Officer or employee: **Chief Operating Officer/General Manager**

Telephone number of Authorized Officer or employee: **319-647-3131**

Study Area Code of Reporting Carrier

**351139**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **CORN BELT TEL. CO.**

Signature of Authorized Officer or employee: **Lee Wuebker**  
Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=cornbelt@netins.net,O=corn belt tel. co.,l=Wall Lake IA 51466, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Lee Wuebker**

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

Telephone number of Authorized Officer or employee: **712-664-2221**

Study Area Code of Reporting Carrier

**351141**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **CUMBERLAND TEL. CO.**

Signature of Authorized Officer or employee: **Vickie Adams**  
Digitally signed by Vickie Adams DN:cn=Vickie Adams,email=vickie\_ctc@netins.net,O=cumberland tel. co.,l=Cumberland IA 50843, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Vickie Adams**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **712-774-2221**

Study Area Code of Reporting Carrier

**351146**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **DANVILLE MUT. TEL. CO.**

Signature of Authorized Officer or employee: **Timothy FencI**  
Digitally signed by Timothy FencI DN:cn=Timothy FencI,email=tfencI@danvilletelco.net,O=danville mut. tel. co.,l=Danville IA 52623, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Timothy FencI**

Title or position of Authorized Officer or employee: **General Manager & CEO**

Telephone number of Authorized Officer or employee: **319-392-4251**

Study Area Code of Reporting Carrier	<b>351147</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **FARMERS MUTUAL COOPERATIVE TEL CO (DEFIANCE)**

Signature of Authorized Officer or employee: **Thomas Conry**  
Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual cooperative tel co (defiance),l=Harlan IA 51537-0311, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Thomas Conry**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier

**351149**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **DIXON ACQ LLC**

Signature of Authorized Officer or employee: **Kent Dau**  
Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=belmont tel. co.,l=Eldridge IA 52748, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Kent Dau**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **563-285-9611**

Study Area Code of Reporting Carrier

**351150**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **DUMONT TEL. CO.**

Signature of Authorized Officer or employee: <b>Roger Kregel</b> <small>Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@dumonttelephone.com,O=dumont tel. co.,l=Dumont IA 50625-0349, Date:5/23/2022</small>	Date: <b>5/23/2022</b>
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Printed name of Authorized Officer or employee: **Roger Kregel**

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

Telephone number of Authorized Officer or employee: **641-857-3211**

Study Area Code of Reporting Carrier	<b>351152</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **DUNKERTON TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Abbi Kienast**  
Digitally signed by Abbi Kienast DN:cn=Abbi Kienast,email=abbi@dunkerton.net,O=dunkerton tel. coop.,inc.,l=Dunkerton IA 50626, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Abbi Kienast**

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

Telephone number of Authorized Officer or employee: **319-822-4512**

Study Area Code of Reporting Carrier	<b>351153</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **EAST BUCHANAN TEL. COOP.**

Signature of Authorized Officer or employee: **Michael Becker**  
Digitally signed by Michael Becker DN:cn=Michael Becker, email=mike.becker@eastbuchanan.com, O=east buchanan tel. coop., l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Michael Becker**

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

Telephone number of Authorized Officer or employee: **319-935-3011**

Study Area Code of Reporting Carrier

**351156**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ELLSWORTH COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Joshua Angove**  
Digitally signed by Joshua Angove DN:cn=Joshua Angove,email=jangove@netins.net,O=ellsworth coop. tel. assn.,l=Ellsworth IA 50075-0458, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Joshua Angove**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **515-836-4431**

Study Area Code of Reporting Carrier

**351157**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **MINBURN TELECOMM.**

Signature of Authorized Officer or employee: **Debra Lucht**

Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecommunications, inc.,l=Minburn IA 50167, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Debra Lucht**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **515-677-2264**

Study Area Code of Reporting Carrier

**351158**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **F&B COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: <b>Aaron Horman</b>	Digitally signed by Aaron Horman DN:cn=Aaron Horman,email=aaron@fbc-tele.com,O=f&b communications, inc.,l=Wheatland IA 52777, Date:5/20/2022	Date: <b>5/20/2022</b>
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Printed name of Authorized Officer or employee: **Aaron Horman**

Title or position of Authorized Officer or employee: **General Manager/Assistant Treasurer**

Telephone number of Authorized Officer or employee: **563-374-1236**

Study Area Code of Reporting Carrier	<b>351160</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **FARMERS COOP. TEL. CO.-DYSART**

Signature of Authorized Officer or employee: **Shelly Franzenburg**  
Digitally signed by Shelly Franzenburg DN:cn=Shelly Franzenburg,email=sfranzenburg@ftc.coop,O=farmers coop. tel. co.-dysart,l=Dysart IA 52224-0280, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Shelly Franzenburg**

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

Telephone number of Authorized Officer or employee: **319-476-7800**

Study Area Code of Reporting Carrier

**351162**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FARMERS & MERCHANTS MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Ray Fear**

Digitally signed by Ray Fear DN:cn=Ray  
 Fear,email=rayfear@farmtel.com,O=farmers & merchants  
 mutual tel. co., Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Ray Fear**

Title or position of Authorized Officer or employee: **Operations Manager**

Telephone number of Authorized Officer or employee: **319-256-2736**

Study Area Code of Reporting Carrier

**351166**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FARMERS MUTUAL COOP TEL CO- HARLAN**

Signature of Authorized Officer or employee: **Thomas Conry**  
Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual coop tel co-harlan,l=Harlan IA 51537-0311, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Thomas Conry**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier

**351168**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FARMERS MUTUAL COOP. TEL. CO.-MOULTON**

Signature of Authorized Officer or employee: **Tammy Wheeler**  
Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=tammywheeler@fmcfiber.com,O=farmers mutual coop. tel. co.-moulton,l=Moulton IA 52572, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Tammy Wheeler**

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

Telephone number of Authorized Officer or employee: **641-642-3249**

Study Area Code of Reporting Carrier

**351169**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FARMERS MUTUAL TEL. CO.-JESUP**

Signature of Authorized Officer or employee: **Tony Lang**

Digitally signed by Tony Lang DN:cn=Tony Lang,email=fmtjesup@jtt.net,O=farmers mutual tel. co.-jesup,l=Jesup IA 50648-0249, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Tony Lang**

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

Telephone number of Authorized Officer or employee: **319-827-1151**

Study Area Code of Reporting Carrier

**351171**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FARMERS MUTUAL TEL**

Signature of Authorized Officer or employee: **Josh Hveem**

Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,I=Truro IA 50257, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Josh Hveem**

Title or position of Authorized Officer or employee: **COO**

Telephone number of Authorized Officer or employee: **641-765-4201**

Study Area Code of Reporting Carrier

**351172**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FARMERS MUTUAL COOP**

Signature of Authorized Officer or employee: **Curtis Eldred**  
Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@usacomm.coop,O=farmers mutual tel. coop.-shellsburg,l=Shellsburg IA 52332, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Curtis Eldred**

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

Telephone number of Authorized Officer or employee: **319-436-2224**

Study Area Code of Reporting Carrier

**351173**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FARMERS MUTUAL TELEPHONE CO. OF STANTON, IOWA**

Signature of Authorized Officer or employee: **Tim Eklund**

Digitally signed by Tim Eklund DN:cn=Tim Eklund,email=teklund@fmtcnet.com,O=farmers mutual telephone co. of stanton, iowa,l=Stanton IA 51573-0220, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Tim Eklund**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-829-2111**

Study Area Code of Reporting Carrier

**351174**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **FARMERS TEL. CO.-BATAVIA**

Signature of Authorized Officer or employee: **Vince Tyson**  
Digitally signed by Vince Tyson DN:cn=Vince Tyson,email=vtyson@mycmtech.com,O=farmers tel. co.-batavia, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Vince Tyson**

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

Telephone number of Authorized Officer or employee: **641-664-2074**

Study Area Code of Reporting Carrier

**351175**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FARMERS TEL. CO.-ESSEX**

Signature of Authorized Officer or employee: **Tim Hill**  
Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel. co.-essex,l=Essex IA 51638, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Tim Hill**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **712-379-3001**

Study Area Code of Reporting Carrier

**351176**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **FARMERS TEL CO -RICE**

Signature of Authorized Officer or employee: **Josh Hveem**  
Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,I=Truro IA 50257, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Josh Hveem**

Title or position of Authorized Officer or employee: **COO**

Telephone number of Authorized Officer or employee: **641-765-4201**

Study Area Code of Reporting Carrier

**351177**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FENTON COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Steven Longhenry**  
Digitally signed by Steven Longhenry DN:cn=Steven Longhenry,email=fntn@netins.net,O=fenton coop. tel. co.,l=Fenton IA 50539, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Steven Longhenry**

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

Telephone number of Authorized Officer or employee: **515-889-2785**

Study Area Code of Reporting Carrier

**351179**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **PARTNER COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Arthur Cooper**  
Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=tophog@partnercom.net,O=partner communications cooperative, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Arthur Cooper**

Title or position of Authorized Officer or employee: **Board President**

Telephone number of Authorized Officer or employee: **641-498-7701**

Study Area Code of Reporting Carrier

**351187**

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

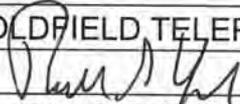
**6/16/2022**

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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).

Name of Reporting Carrier				GOLDFIELD TELEPHONE COMPANY			
Signature of authorized officer					Date		05/23/2022
Printed name of authorized officer				RANDY YEAKEL			
Title or position of authorized officer				PRESIDENT			
Telephone number of authorized officer:				(641) 762-3772			
Study Area Code of Reporting Carrier		351188		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022	
<p>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.</p>							

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).

Name of Reporting Carrier				RIVER VALLEY TELE COMMUNICATIONS COOP	
Signature of authorized officer		Date		6/26/22	
Printed name of authorized officer		IVAN DAREN			
Title or position of authorized officer		GM			
Telephone number of authorized officer: 712.859.3300 ext.					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022	
351189					
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.					

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).

Name of Reporting Carrier: **GRAND MOUND COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Travis Ballou**  
Digitally signed by Travis Ballou DN:cn=Travis Ballou,email=tballou@gmcta.coop,O=grand mound coop.tel. assn.,l=Grand Mound IA 52751, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Travis Ballou**

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

Telephone number of Authorized Officer or employee: **563-847-3000**

Study Area Code of Reporting Carrier

**351191**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **GRISWOLD COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Amy McLaren**  
Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym\_gctc@netins.net,O=griswold coop. tel. co.,l=Griswold IA 51535-0640, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Amy McLaren**

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

Telephone number of Authorized Officer or employee: **712-778-2121**

Study Area Code of Reporting Carrier

**351195**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **HAWKEYE TEL. CO.**

Signature of Authorized Officer or employee: **David Byers**  
Digitally signed by David Byers DN:cn=David Byers,email=dabyers@netel.com,O=hawkeye tel. co.,l=Monona IA 52159-0835, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **David Byers**

Title or position of Authorized Officer or employee: **COO/Assistant Secretary**

Telephone number of Authorized Officer or employee: **563-539-2122**

Study Area Code of Reporting Carrier

**351199**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HUBBARD COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Greg Ball**

Digitally signed by Greg Ball DN:cn=Greg Ball,email=hubbard1@netins.net,O=hubbard coop. tel. assn., Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Greg Ball**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **641-864-2216**

Study Area Code of Reporting Carrier

**351203**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HUXLEY COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Levi Bappe**

Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=levi@huxleycommunications.net,O=huxley communications cooperative,|Huxley IA 50124-0036, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Levi Bappe**

Title or position of Authorized Officer or employee: **General Manager and Excutive VP**

Telephone number of Authorized Officer or employee: **515-597-2281**

Study Area Code of Reporting Carrier

**351205**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **IAMO COMM - IA**

Signature of Authorized Officer or employee: **Tim Toepfer**

Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=ttoepfer@iamo.tel,O=iamo communications, inc.-ia, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Tim Toepfer**

Title or position of Authorized Officer or employee: **CEO & General Manage**

Telephone number of Authorized Officer or employee: **712-583-3232**

Study Area Code of Reporting Carrier

**351206**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FMTC-I35, INC.**

Signature of Authorized Officer or employee: **Josh Hveem**  
Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,I=Truro IA 50257, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Josh Hveem**

Title or position of Authorized Officer or employee: **COO**

Telephone number of Authorized Officer or employee: **641-765-4201**

Study Area Code of Reporting Carrier

**351209**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **JORDAN SOLDIERVALLEY**

Signature of Authorized Officer or employee: **Paul Bergmann**  
Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=pbergmann@longlines.biz,O=jordan soldier valley telephone company,l=Sergeant Bluff IA 51054, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Paul Bergmann**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-271-5535**

Study Area Code of Reporting Carrier

**351213**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **KALONA COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Casey Peck**

Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey.peck@kctc.net,O=kalona coop. tel. co.,l=Kalona IA 52247-1208, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Casey Peck**

Title or position of Authorized Officer or employee: **General Manager/CFO**

Telephone number of Authorized Officer or employee: **319-656-3668**

Study Area Code of Reporting Carrier

**351214**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **KEYSTONE FRMS. COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Byran Kimm**  
Digitally signed by Byran Kimm DN:cn=Byran Kimm,email=keystone@netins.net,O=keystone frms. coop. tel. co.,l=Keystone IA 52249-0277, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Byran Kimm**

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

Telephone number of Authorized Officer or employee: **319-442-3241**

Study Area Code of Reporting Carrier	<b>351217</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **LA PORTE CITY TEL. CO.**

Signature of Authorized Officer or employee: **Chris Hopp**  
Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel. co.,l=Elkader IA 52043, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Chris Hopp**

Title or position of Authorized Officer or employee: **Chief Operations Officer**

Telephone number of Authorized Officer or employee: **563-245-4480**

Study Area Code of Reporting Carrier

**351220**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LA MOTTE TEL CO**

Signature of Authorized Officer or employee: **JoAnne Gregorich**  
Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel. co., inc.,l=LaMotte IA 52054, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **JoAnne Gregorich**

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

Telephone number of Authorized Officer or employee: **563-773-2213**

Study Area Code of Reporting Carrier

**351222**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LEHIGH VALLEY COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Jim Suchan**  
Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop. tel. assn.,l=Lehigh IA 50557-0137, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Jim Suchan**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **515-359-2211**

Study Area Code of Reporting Carrier

**351225**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LONE ROCK COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Dan Meyer**

Digitally signed by Dan Meyer DN:cn=Dan Meyer,email=office@lonerocktel.com,O=lone rock coop. tel. co.,l=Lone Rock IA 50559-0278, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Dan Meyer**

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

Telephone number of Authorized Officer or employee: **515-925-3271**

Study Area Code of Reporting Carrier

**351228**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LOST NATION-ELWOOD TEL. CO.**

Signature of Authorized Officer or employee: **Jan Muhl**  
Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood tel. co.,l= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Jan Muhl**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **563-678-2470**

Study Area Code of Reporting Carrier

**351229**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **NORTHEAST IOWA TEL. CO.**

Signature of Authorized Officer or employee: **David Byers**

Digitally signed by David Byers DN:cn=David Byers,email=dabyers@netel.com,O=northeast iowa tel. co.,l=Monona IA 52159-0835, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **David Byers**

Title or position of Authorized Officer or employee: **COO/Assistant Secretary**

Telephone number of Authorized Officer or employee: **563-539-2122**

Study Area Code of Reporting Carrier

**351230**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **LYNNVILLE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Christopher Ulmer**  
Digitally signed by Christopher Ulmer DN: cn=Christopher Ulmer, email=culmer@icorellc.com, O=lynnville telephone company, | = , Date: 5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Christopher Ulmer**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **610-928-3903**

Study Area Code of Reporting Carrier	<b>351232</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **FARMERS MUTUAL COOPERATIVE TEL CO (MANILLA)**

Signature of Authorized Officer or employee: **Thomas Conry**  
Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual cooperative tel co (manilla),l=Harlan IA 51537-0311, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Thomas Conry**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier	<b>351235</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **MARNE & ELK HORN TEL. CO.**

Signature of Authorized Officer or employee: **Rachel Hamilton**  
Digitally signed by Rachel Hamilton DN:cn=Rachel Hamilton,email=rachel@metcteam.com,O=marne & elk horn tel. co.,l=Walnut IA 51577, Date:6/10/2022

Date: **6/10/2022**

Printed name of Authorized Officer or employee: **Rachel Hamilton**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **712-784-2211**

Study Area Code of Reporting Carrier

**351237**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **MARTELLE COOP ASSN**

Signature of Authorized Officer or employee: **Hans Arwine**  
Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop. tel. assn.,l=Mechanicsville IA 52306, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Hans Arwine**

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

Telephone number of Authorized Officer or employee: **563-432-7221**

Study Area Code of Reporting Carrier

**351238**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MASSENA TEL. CO.**

Signature of Authorized Officer or employee: **Mike Klocke**  
Digitally signed by Mike Klocke DN:cn=Mike Klocke,email=mike@massenatelephone.com,O=massena tel. co.,l=Massena IA 50853, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Mike Klocke**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-779-2227**

Study Area Code of Reporting Carrier

**351239**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MECHANICSVILLE TEL**

Signature of Authorized Officer or employee: **Hans Arwine**  
Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop. tel. assn.,l=Mechanicsville IA 52306, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Hans Arwine**

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

Telephone number of Authorized Officer or employee: **563-432-7221**

Study Area Code of Reporting Carrier

**351241**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				Miles Cooperative Telephone Association	
Signature of authorized officer		Date		5/26/2022	
Printed name of authorized officer					
Scott Boehde					
Title or position of authorized officer					
General Manager / Compliance Officer					
Telephone number of authorized officer: 5636897111 ext.					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022	
351242					
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.					

CAF/ICC Data Reports.

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).

Name of Reporting Carrier: **MINBURN TEL CO**

Signature of Authorized Officer or employee: **Debra Lucht**  
Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecommunications, inc.,l=Minburn IA 50167, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Debra Lucht**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **515-677-2264**

Study Area Code of Reporting Carrier

**351245**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **MINERVA VALLEY TEL. CO., INC.**

Signature of Authorized Officer or employee: **Mary Phillips**  
Digitally signed by Mary Phillips DN:cn=Mary Phillips,email=mary@minervavalley.net,O=minerva valley tel. co., inc.,l=Zearing IA 50278-0176, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Mary Phillips**

Title or position of Authorized Officer or employee: **Business Manager**

Telephone number of Authorized Officer or employee: **641-487-7399**

Study Area Code of Reporting Carrier

**351246**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MODERN COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Brenda Bowman**  
Digitally signed by Brenda Bowman DN:cn=Brenda Bowman,email=mctcfone@netins.net,O=modern coop. tel. co.,l=South English IA 52335, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Brenda Bowman**

Title or position of Authorized Officer or employee: **Assistant Manager/CFO**

Telephone number of Authorized Officer or employee: **319-667-2375**

Study Area Code of Reporting Carrier

**351247**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MUTUAL TEL. CO. OF MORNING SUN**

Signature of Authorized Officer or employee: **Randy Foor**  
Digitally signed by Randy Foor DN:cn=Randy Foor,email=rdf@mutel.com,O=matural tel. co. of morning sun,l=Morning Sun IA 52640, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Randy Foor**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **319-868-7636**

Study Area Code of Reporting Carrier

**351250**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MEDIAPOLIS TEL. CO.**

Signature of Authorized Officer or employee: **Angie Rupe**  
Digitally signed by Angie Rupe DN:cn=Angie Rupe,email=arupe@mepotelco.net,O=mediapolis tel. co.,l=Mediapolis IA 52637, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Angie Rupe**

Title or position of Authorized Officer or employee: **Office Manager & CFO**

Telephone number of Authorized Officer or employee: **319-394-3456**

Study Area Code of Reporting Carrier

**351251**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NORTH ENGLISH COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Reed Ostenberg**  
Digitally signed by Reed Ostenberg DN:cn=Reed Ostenberg,email=nenglish@netins.net,O=north english coop. tel. co.,l=North English IA 52316, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Reed Ostenberg**

Title or position of Authorized Officer or employee: **COO**

Telephone number of Authorized Officer or employee: **319-664-3821**

Study Area Code of Reporting Carrier

**351257**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NORTHWEST IOWA TEL**

Signature of Authorized Officer or employee: **Paul Bergmann**  
Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=pbergmann@longlines.biz,O=jordan soldier valley telephone company,l=Sergeant Bluff IA 51054, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Paul Bergmann**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-271-5535**

Study Area Code of Reporting Carrier

**351260**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NORTHWEST COMM COOP**

Signature of Authorized Officer or employee: **Donald Miller**

Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest comm. coop. assn., Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Donald Miller**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **712-776-2222**

Study Area Code of Reporting Carrier

**351261**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **COMM 1 NETWORK**

Signature of Authorized Officer or employee: **Randy Yeakel**  
Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=communications 1 network, inc.,l=Kanawha IA 50447, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Randy Yeakel**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **641-762-3772**

Study Area Code of Reporting Carrier

**351262**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **OGDEN TEL. CO.-IA**

Signature of Authorized Officer or employee: **James Heckman**  
Digitally signed by James Heckman DN:cn=James Heckman,email=jheckman@ogdentc.com,O=ogden tel. co.-ia,I=Ogden IA 50212, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **James Heckman**

Title or position of Authorized Officer or employee: **General Manager / Executive VP**

Telephone number of Authorized Officer or employee: **515-275-2050**

Study Area Code of Reporting Carrier

**351263**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **OLIN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Frank Wood**  
Digitally signed by Frank Wood DN:cn=Frank Wood,email=olintel@netins.net,O=olin tel. co., inc.,l=Olin IA 52320-0130, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Frank Wood**

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

Telephone number of Authorized Officer or employee: **319-484-2200**

Study Area Code of Reporting Carrier

**351264**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **ONSLow COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Russ Benke**  
Digitally signed by Russ Benke DN:cn=Russ Benke, email=onslow@netins.net, O=onslow coop. tel. assn., i=Onslow IA 52321, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Russ Benke**

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

Telephone number of Authorized Officer or employee: **563-485-2833**

Study Area Code of Reporting Carrier

**351265**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **ORAN MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: <b>Barb Gruetzmacher</b>	Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel. co.,l= , Date:5/17/2022	Date: <b>5/17/2022</b>
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Printed name of Authorized Officer or employee: **Barb Gruetzmacher**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **319-638-6006**

Study Area Code of Reporting Carrier	<b>351266</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **PALO COOPERATIVE TELEPHONE ASSOCIATION**

Signature of Authorized Officer or employee: **Erin Petersen**  
Digitally signed by Erin Petersen DN:cn=Erin Petersen,email=palomanager@netins.net,O=palo cooperative telephone association,l=Palo IA 52324, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Erin Petersen**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **319-851-3431**

Study Area Code of Reporting Carrier

**351269**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PALMER MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Andy Peterson**  
Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel. co.,l=Palmer IA 50571, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Andy Peterson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-359-2411**

Study Area Code of Reporting Carrier

**351270**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **PANORA COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Andrew Randol**  
Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora communications cooperative,l=Panora IA 50216, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Andrew Randol**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **641-755-2424**

Study Area Code of Reporting Carrier	<b>351271</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **PEOPLES TEL CO - IA**

Signature of Authorized Officer or employee: **Curt Kawlewski**  
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtikawlewski@nuvera.net,O=peoples tel. co.-ia,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

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

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier

**351273**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **PRAIRIEBURG TEL CO**

Signature of Authorized Officer or employee: **Dean Pennello**  
Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=prairieburg tel. co., inc.,l=Lawton OK 73502, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Dean Pennello**

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

Telephone number of Authorized Officer or employee: **580-529-5000**

Study Area Code of Reporting Carrier

**351275**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **PRESTON TEL. CO.**

Signature of Authorized Officer or employee: **MaryBeth Heister**  
Digitally signed by MaryBeth Heister DN:cn=MaryBeth Heister,email=rogerak@prestontel.com,O=preston tel. co.,l=Preston IA 52069-0167, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **MaryBeth Heister**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **563-689-3811**

Study Area Code of Reporting Carrier	<b>351276</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **RADCLIFFE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Edwin Drake**  
Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@radcliffetelephone.com,O=radcliffe tel. co., inc.,l=Radcliffe IA 50230-0140, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Edwin Drake**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **515-899-2341**

Study Area Code of Reporting Carrier

**351277**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **RINGSTED TEL. CO.**

Signature of Authorized Officer or employee: <b>Aaron McCartan</b>	Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.com,O=ringsted tel.co.,l=Ringsted IA 50578, Date:5/18/2022	Date: <b>5/18/2022</b>
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Printed name of Authorized Officer or employee: **Aaron McCartan**

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

Telephone number of Authorized Officer or employee: **712-866-8000**

Study Area Code of Reporting Carrier	<b>351280</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **ROCKWELL COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **David Severin**  
Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop. tel. assn.,l=Rockwell IA 50469, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **David Severin**

Title or position of Authorized Officer or employee: **General Mgr/Assist Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **641-822-3212**

Study Area Code of Reporting Carrier	<b>351282</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **ROYAL TEL. CO.**

Signature of Authorized Officer or employee: **John Noah**  
Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel. co.,I=Royal IA 51357, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **John Noah**

Title or position of Authorized Officer or employee: **General Manager/CCO**

Telephone number of Authorized Officer or employee: **712-933-2615**

Study Area Code of Reporting Carrier

**351283**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier <i>BUTAVEN TELEPHONE EXCHANGE</i>			
Signature of authorized officer: <i>[Signature]</i>		Date	<i>6/26/22</i>
Printed name of authorized officer <i>IVAN DUEN</i>			
Title or position of authorized officer <i>GM</i>			
Telephone number of authorized officer: <i>712,859 3300 ext.</i>			
Study Area Code of Reporting Carrier	<i>351284</i>	Filing Due Date for this form (mm/dd/yyyy)	June 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.			

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).

Name of Reporting Carrier: SAC COUNTY MUTUAL TEL. CO.

Signature of Authorized Officer or employee: **Ronald Sorensen**  
Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc\_manager@netins.net,O=sac county mutual tel. co.,l=Odebolt IA 51458, Date:5/23/2022

Date: 5/23/2022

Printed name of Authorized Officer or employee: Ronald Sorensen

Title or position of Authorized Officer or employee: Compliance Officer

Telephone number of Authorized Officer or employee: 712-668-2200

Study Area Code of Reporting Carrier

351285

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

6/16/2022

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.

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).

Name of Reporting Carrier: **SCHALLER TEL. CO.**

Signature of Authorized Officer or employee: **Missy Kestel**  
Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel. co.,l=Schaller IA 51053, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Missy Kestel**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-275-4211**

Study Area Code of Reporting Carrier

**351291**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SEARSBORO TEL. CO.**

Signature of Authorized Officer or employee: **Christopher Ulmer**  
Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=searsboro tel. co.,l= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Christopher Ulmer**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **610-928-3903**

Study Area Code of Reporting Carrier

**351292**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **SHARON TEL. CO.**

Signature of Authorized Officer or employee: **Scott Havel**

Digitally signed by Scott Havel DN:cn=Scott Havel,email=sharontc@sharontc.net,O=sharon tel. co.,l=Hills IA 52235, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Scott Havel**

Title or position of Authorized Officer or employee: **General manager**

Telephone number of Authorized Officer or employee: **319-679-2211**

Study Area Code of Reporting Carrier

**351293**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **SCRANTON TEL. CO.**

Signature of Authorized Officer or employee: **Allen Jacob**  
Digitally signed by Allen Jacob DN:cn=Allen Jacob,email=allenjacob@netins.net,O=scranton tel. co.,l=Scranton IA 51462, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Allen Jacob**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **712-652-3355**

Study Area Code of Reporting Carrier

**351294**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **SOUTH SLOPE COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Chuck Deisbeck**  
Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop. tel. co.,l=North Liberty IA 52317, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Chuck Deisbeck**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **319-626-2211**

Study Area Code of Reporting Carrier

**351298**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **FMTC-I35 (SWT)**

Signature of Authorized Officer or employee: **Josh Hveem**  
Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,I=Truro IA 50257, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Josh Hveem**

Title or position of Authorized Officer or employee: **COO**

Telephone number of Authorized Officer or employee: **641-765-4201**

Study Area Code of Reporting Carrier

**351301**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **SPRINGVILLE COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Jean Schilling**  
Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvl@netins.net,O=springville coop. tel. assn.,l=Springville IA 52336-0009, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Jean Schilling**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **319-854-6107**

Study Area Code of Reporting Carrier

**351302**

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

**6/16/2022**

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.

**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).

Name of Reporting Carrier				Cooperative Telephone Exchange	
Signature of authorized officer				Date	5-25-22
Printed name of authorized officer		Bradley Schmidt			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(515) 826-3206			
Study Area Code of Reporting Carrier		351303	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier: **SOUTH SLOPE COOP TEL CO-SWISHER**

Signature of Authorized Officer or employee: **Chuck Deisbeck**

Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop tel co-swisher,l=North Liberty IA 52317, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Chuck Deisbeck**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **319-626-2211**

Study Area Code of Reporting Carrier

**351304**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **STRATFORD MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Jen Frank**  
Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel. co.,l=Stratford IA 50249, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Jen Frank**

Title or position of Authorized Officer or employee: **Assistant Secretary/Office Manager**

Telephone number of Authorized Officer or employee: **515-838-2390**

Study Area Code of Reporting Carrier

**351305**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **SULLY TEL. ASSOC.**

Signature of Authorized Officer or employee: **Earl "Jack" De Angelo**  
Digitally signed by Earl "Jack" De Angelo DN:cn=Earl "Jack" De Angelo, email=jackd@sullytel.com, O=sully tel. assoc., l=Sully IA 50251, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Earl "Jack" De Angelo**

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

Telephone number of Authorized Officer or employee: **641-594-2905**

Study Area Code of Reporting Carrier

**351306**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **SUPERIOR TEL. COOP.**

Signature of Authorized Officer or employee: **Cheryl Noble**  
Digitally signed by Cheryl Noble DN:cn=Cheryl Noble,email=cnoble@netins.net,O=superior tel. coop.,l=Superior IA 51363, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Cheryl Noble**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **712-858-4591**

Study Area Code of Reporting Carrier

**351307**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **TEMPLETON TEL. CO.**

Signature of Authorized Officer or employee: <b>Joe Behrens</b>	Digitally signed by Joe Behrens DN:cn=Joe Behrens,email=joebehrens2@netins.net,O=templeton tel. co.,l= , Date:5/17/2022	Date: <b>5/17/2022</b>
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Printed name of Authorized Officer or employee: **Joe Behrens**

Title or position of Authorized Officer or employee: **Board Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **712-669-3311**

Study Area Code of Reporting Carrier	<b>351308</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **TERRIL TELEPHONE COOPERATIVE**

Signature of Authorized Officer or employee: **John Noah**

Digitally signed by John Noah DN:cn=John Noah,email=jnoah@terril.com,O=terril telephone cooperative,l=Terril IA 51364, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **John Noah**

Title or position of Authorized Officer or employee: **General Manager/CCO**

Telephone number of Authorized Officer or employee: **712-853-1300**

Study Area Code of Reporting Carrier

**351309**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **TITONKA TEL. CO. DBA TITONKA-BURT COMM**

Signature of Authorized Officer or employee: **Aaron McCartan**  
Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@tbctel.com,O=titonka tel. co. dba titonka-burt comm,l=Titonka IA 50480-0321, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Aaron McCartan**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **515-928-2110**

Study Area Code of Reporting Carrier

**351310**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **UNITED FARMERS TEL. CO.**

Signature of Authorized Officer or employee: **Roxanne White**  
Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel. co.,l=Every IA 51338, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Roxanne White**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **712-834-2211**

Study Area Code of Reporting Carrier	<b>351316</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **VAN BUREN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Monte Hagge**  
Digitally signed by Monte Hagge DN:cn=Monte Hagge,email=montehagge@netins.net,O=van buren tel. co., inc.,l= , Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Monte Hagge**

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

Telephone number of Authorized Officer or employee: **319-293-3187**

Study Area Code of Reporting Carrier	<b>351319</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **VAN HORNE COOP. TEL. CO.**

Signature of Authorized Officer or employee: <b>Kerry Less</b>	Digitally signed by Kerry Less DN:cn=Kerry Less,email=vanhorne@netins.net,O=van horne coop. tel. co.,l=Van Horne IA 52346-0096, Date:5/17/2022	Date: <b>5/17/2022</b>
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Printed name of Authorized Officer or employee: **Kerry Less**

Title or position of Authorized Officer or employee: **CFO - Chief Financial Officer**

Telephone number of Authorized Officer or employee: **319-228-8791**

Study Area Code of Reporting Carrier	<b>351320</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **VENTURA TEL. CO., INC.**

Signature of Authorized Officer or employee: **Thomas Lovell**  
Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel. co., inc.,l=Clear Lake IA 50428-0066, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Thomas Lovell**

Title or position of Authorized Officer or employee: **General Manager/Vice President**

Telephone number of Authorized Officer or employee: **641-357-2111**

Study Area Code of Reporting Carrier

**351322**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WEBSTER-CALHOUN COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Daryl Carlson**  
Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=daryl@wccta.com,O=webster-calhoun coop. tel. assn.,l=Gowrie IA 50543-0475, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Daryl Carlson**

Title or position of Authorized Officer or employee: **Executive Vice President/General Manager**

Telephone number of Authorized Officer or employee: **515-352-3151**

Study Area Code of Reporting Carrier	<b>351328</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **WELLMAN COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Dion Schminke**  
Digitally signed by Dion Schminke DN:cn=Dion Schminke,email=dion.s@wellmantelephone.com,O=wellman coop. tel. assn.,l=Wellman IA 52356-0170, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Dion Schminke**

Title or position of Authorized Officer or employee: **General Manager, COO**

Telephone number of Authorized Officer or employee: **319-646-6075**

Study Area Code of Reporting Carrier

**351329**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WEST IOWA TEL. CO.**

Signature of Authorized Officer or employee: **Robert Gannon**  
Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel. co.,l=Remsen IA 51050-0330, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Robert Gannon**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-786-5572**

Study Area Code of Reporting Carrier	<b>351331</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **WESTERN IOWA TEL. ASSN.**

Signature of Authorized Officer or employee: **Heath Mallory**  
Digitally signed by Heath Mallory DN:cn=Heath Mallory,email=heath.mallory@wiatel.com,O=western iowa tel. assn.,l=Lawton IA 51030-0038, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Heath Mallory**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-944-5711**

Study Area Code of Reporting Carrier

**351334**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WESTSIDE INDEPENDENT**

Signature of Authorized Officer or employee: **Kevin Skinner**  
Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Kevin Skinner**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-673-2311**

Study Area Code of Reporting Carrier

**351335**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WILTON TEL. CO.**

Signature of Authorized Officer or employee: <b>Mark Peterson</b>	Digitally signed by Mark Peterson DN:cn=Mark Peterson,email=mwp@wtccommunications.com,O=wilton tel. co.,l=Wilton IA 52778-0970, Date:5/17/2022	Date: <b>5/17/2022</b>
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Printed name of Authorized Officer or employee: **Mark Peterson**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **563-732-3000**

Study Area Code of Reporting Carrier	<b>351336</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **WOOLSTOCK MUT. TEL. ASSN.**

Signature of Authorized Officer or employee: **Chris Simmons**  
Digitally signed by Chris Simmons DN:cn=Chris Simmons,email=chris@wmtel.net,O=woolstock mut. tel. assn., Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Chris Simmons**

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

Telephone number of Authorized Officer or employee: **515-839-5571**

Study Area Code of Reporting Carrier	<b>351342</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **WYOMING MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Kelly Brodersen**  
Digitally signed by Kelly Brodersen DN:cn=Kelly Brodersen,email=wyoming@netins.net,O=wyoming mutual tel. co.,l=Wyoming IA 52362, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Kelly Brodersen**

Title or position of Authorized Officer or employee: **Board Secretary/Office Manager**

Telephone number of Authorized Officer or employee: **563-488-2535**

Study Area Code of Reporting Carrier

**351343**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PRAIRIE TEL CO**

Signature of Authorized Officer or employee: **Kevin Skinner**  
Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Kevin Skinner**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-673-2311**

Study Area Code of Reporting Carrier	<b>351344</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **ALLIANCE COMM. COOPERATIVE, INC.-HILLS IA**

Signature of Authorized Officer or employee: **Kari Flanagan**  
Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,l=Garretson SD 57030, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier

**351405**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **KILLDUFF TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Christopher Ulmer**  
Digitally signed by Christopher Ulmer DN: cn=Christopher Ulmer, email=culmer@icorellc.com, O=killduff telephone company, | = , Date: 5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Christopher Ulmer**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **610-928-3903**

Study Area Code of Reporting Carrier	<b>351407</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **MABEL COOP TEL-IA**

Signature of Authorized Officer or employee: **Julie Kolka**  
Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop. tel. co.-ia,|=Mabel MN 55954, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Julie Kolka**

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

Telephone number of Authorized Officer or employee: **507-493-5411**

Study Area Code of Reporting Carrier

**351424**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ACE TEL ASSN-MN**

Signature of Authorized Officer or employee: **Michael Osborne**  
Digitally signed by Michael Osborne DN:cn=Michael Osborne,email=mosborne@acentek.net,O=ace tel. assn.-mn,l=Houston MN 55943, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Michael Osborne**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **616-892-0123**

Study Area Code of Reporting Carrier

**361346**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ALBANY MUTUAL TEL. ASSN., INC.**

Signature of Authorized Officer or employee: **Steven Katka**  
Digitally signed by Steven Katka DN:cn=Steven Katka,email=steve.katka@albanytel.net,O=albany mutual tel. assn.,inc., Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Steven Katka**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **320-845-2101**

Study Area Code of Reporting Carrier

**361347**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WILDERNESS VALLEY**

Signature of Authorized Officer or employee: **Shane Young**  
Digitally signed by Shane Young DN:cn=Shane Young,email=Shane@northerntelephone.net,O=wilderness valley telephone company, inc., Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Shane Young**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **218-488-6565**

Study Area Code of Reporting Carrier

**361348**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CITY OF BARNESVILLE TEL. CO.**

Signature of Authorized Officer or employee: **Guy Swenson**  
Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=tecmanager@barnesvillemn.com,O=city of barnesville tel. co.,l=Barnesville MN 56514, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Guy Swenson**

Title or position of Authorized Officer or employee: **TEC Manager**

Telephone number of Authorized Officer or employee: **218-354-2292**

Study Area Code of Reporting Carrier

**361353**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BENTON COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Cheryl Scapanski**  
Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop. tel. co.,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Cheryl Scapanski**

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

Telephone number of Authorized Officer or employee: **320-393-2115**

Study Area Code of Reporting Carrier	<b>361356</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **CALLAWAY TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier	<b>361365</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **CLARA CITY TEL EXCH**

Signature of Authorized Officer or employee: **Bruce Hanson**  
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l=, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier

**361370**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CLEMENTS TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361372**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CONSOLIDATED TEL. CO.-MN**

Signature of Authorized Officer or employee: **Greg Springer**  
Digitally signed by Greg Springer DN:cn=Greg Springer,email=greg@gotc.com,O=consolidated tel. co.-mn,l=Brainerd MN 56401, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Greg Springer**

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

Telephone number of Authorized Officer or employee: **218-454-1128**

Study Area Code of Reporting Carrier

**361373**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **DUNNELL TEL CO**

Signature of Authorized Officer or employee: **Charles Mattingly**  
Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=dunnell tel. co., inc.,l=Judson TX 75660, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Charles Mattingly**

Title or position of Authorized Officer or employee: **Managing Member**

Telephone number of Authorized Officer or employee: **903-663-0099**

Study Area Code of Reporting Carrier

**361381**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **EMILY COOP. TEL. CO.**

Signature of Authorized Officer or employee: <b>Josh Netland</b>	Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop. tel. co.,l=Emily MN 56447, Date:5/18/2022	Date: <b>5/18/2022</b>
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Printed name of Authorized Officer or employee: **Josh Netland**

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

Telephone number of Authorized Officer or employee: **218-763-3000**

Study Area Code of Reporting Carrier	<b>361387</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **FARMERS MUTUAL TEL. CO.-BELLINGHAM**

Signature of Authorized Officer or employee: **Kevin Beyer**  
Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel. co.-bellingham,l=, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Kevin Beyer**

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

Telephone number of Authorized Officer or employee: **320-568-2105**

Study Area Code of Reporting Carrier

**361389**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FEDERATED TEL COOP**

Signature of Authorized Officer or employee: **Kevin Beyer**

Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel. coop.,l=Chokio MN 56221, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Kevin Beyer**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **320-324-7111**

Study Area Code of Reporting Carrier

**361390**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				CARDEN VALLEY TRUCKLINE	
Signature of authorized officer			Date		5/25/2022
Printed name of authorized officer				STEVE MURLEN	
Title or position of authorized officer				CFU	
Telephone number of authorized officer: ( ) - , ext.				218 687-0210	
Study Area Code of Reporting Carrier		361395	Filing Due Date for this form (mm/dd/yyyy)	June 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.

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).

Name of Reporting Carrier: **GARDONVILLE COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **David Wolf**  
Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop. tel. assn., Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **David Wolf**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **320-524-2211**

Study Area Code of Reporting Carrier

**361396**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HALSTAD TEL. CO.**

Signature of Authorized Officer or employee: **Mark Forseth**  
Digitally signed by Mark Forseth DN:cn=Mark Forseth, email=markforseth@rrv.net, O=halstad tel. co., l=Halstad MN 56548-0055, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Mark Forseth**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **218-456-2125**

Study Area Code of Reporting Carrier	<b>361401</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **FEDERATED TEL COOP**

Signature of Authorized Officer or employee: **Kevin Beyer**  
Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel. coop.,l=Chokio MN 56221, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Kevin Beyer**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **320-324-7111**

Study Area Code of Reporting Carrier

**361403**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HARMONY TEL CO**

Signature of Authorized Officer or employee: **Jill Huffman**  
Digitally signed by Jill Huffman DN:cn=Jill Huffman,email=jill@sgc-coop.com,O=harmony telephone company, llc,l=Spring Grove MN 55974-0516, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Jill Huffman**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **507-498-3456**

Study Area Code of Reporting Carrier

**361404**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ALLIANCE COMM. COOPERATIVE, INC.-HILLS MN**

Signature of Authorized Officer or employee: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills mn,l=Garretson SD 57030, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier

**361405**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HOME TEL CO - MN**

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier	<b>361408</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: HUTCHINSON TEL CO

Signature of Authorized Officer or employee: **Curt Kawlewski**  
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtikawlewski@nuvera.net,O=peoples tel. co.-ia,l= , Date:5/23/2022

Date: 5/23/2022

Printed name of Authorized Officer or employee: Curt Kawlewski

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 507-233-4172

Study Area Code of Reporting Carrier

361409

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

6/16/2022

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.

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).

Name of Reporting Carrier: **JOHNSON TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Donna Gunderson**  
Digitally signed by Donna Gunderson DN:cn=Donna Gunderson,email=jtcbusiness@jtc-co.net,O=johnson telephone company,l=Remer MN 56672, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Donna Gunderson**

Title or position of Authorized Officer or employee: **Corporate Secretary**

Telephone number of Authorized Officer or employee: **218-566-2302**

Study Area Code of Reporting Carrier

**361410**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **KASSON & MANTORVILLE TEL. CO.**

Signature of Authorized Officer or employee: **Beth Tollefson**  
Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson & mantorville tel. co.,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Beth Tollefson**

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

Telephone number of Authorized Officer or employee: **507-634-2511**

Study Area Code of Reporting Carrier

**361412**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LISMORE COOPERATIVE TELEPHONE CO.**

Signature of Authorized Officer or employee: **Tarri Joens**

Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretele.com,O=lismore cooperative telephone co.,l=Lismore MN 56155-0127, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Tarri Joens**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **507-472-8748**

Study Area Code of Reporting Carrier

**361419**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **RUNESTONE TEL ASSN**

Signature of Authorized Officer or employee: **Kent Hedstrom**  
Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent@runestone.net,O=runestone telephone association,l=Hoffman MN 56339-0336, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Kent Hedstrom**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **320-986-2013**

Study Area Code of Reporting Carrier

**361423**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MABEL COOP TEL - MN**

Signature of Authorized Officer or employee: **Julie Kolka**

Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop. tel. co.-ia,|=Mabel MN 55954, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Julie Kolka**

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

Telephone number of Authorized Officer or employee: **507-493-5411**

Study Area Code of Reporting Carrier

**361424**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CHRISTENSEN COMMUNICATIONS COMPANY**

Signature of Authorized Officer or employee: **Brent Christensen**  
Digitally signed by Brent Christensen DN:cn=Brent Christensen,email=brentc@chriscomco.net,O=christensen communications company, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Brent Christensen**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **507-642-5514**

Study Area Code of Reporting Carrier

**361425**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				Manchester-Hartland Telephone Company	
Signature of authorized officer				Date	5/20/2022
Printed name of authorized officer		Brian Thompson			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(507) 826-3212, ext.			
Study Area Code of Reporting Carrier	361426	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier: **MELROSE TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361430**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MIDWEST TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**  
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361431**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MINNESOTA VALLEY TEL**

Signature of Authorized Officer or employee: **Danny Busche**  
Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=minnesota valley tel. co. inc.,l=Franklin MN 55333, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Danny Busche**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **507-557-2275**

Study Area Code of Reporting Carrier

**361439**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NUVERA COMM.**

Signature of Authorized Officer or employee: **Curt Kawlewski**  
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtikawlewski@nuvera.net,O=peoples tel. co.-ia,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

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

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier

**361442**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LORETEL SYSTEMS, INC**

Signature of Authorized Officer or employee: <b>Staci Malikowski</b>	Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/23/2022	Date: <b>5/23/2022</b>
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Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier	<b>361443</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **PARK REGION MUTUAL**

Signature of Authorized Officer or employee: **Dave Bickett**  
Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Dave Bickett**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier	<b>361450</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **PAUL BUNYAN RURAL TEL. COOP.**

Signature of Authorized Officer or employee: **Dave Schultz**  
Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural tel. coop.,l= , Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Dave Schultz**

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

Telephone number of Authorized Officer or employee: **218-444-1141**

Study Area Code of Reporting Carrier	<b>361451</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **REDWOOD COUNTY TEL**

Signature of Authorized Officer or employee: <b>Staci Malikowski</b>	Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/23/2022	Date: <b>5/23/2022</b>
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Printed name of Authorized Officer or employee: **Staci Malikowski**

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

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier	<b>361472</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **ROTHSAY TEL CO, INC**

Signature of Authorized Officer or employee: **Dave Bickett**  
Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Dave Bickett**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier

**361474**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **RUNESTONE TEL ASSN**

Signature of Authorized Officer or employee: **Kent Hedstrom**  
Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent@runestone.net,O=runestone telephone association,l=Hoffman MN 56339-0336, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Kent Hedstrom**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **320-986-2013**

Study Area Code of Reporting Carrier

**361475**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SACRED HEART TEL CO**

Signature of Authorized Officer or employee: **Bruce Hanson**  
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l=, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier

**361476**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SCOTT RICE TEL CO**

Signature of Authorized Officer or employee: **Curt Kawlewski**  
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtikawlewski@nuvera.net,O=peoples tel. co.-ia,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

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

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier

**361479**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SLEEPY EYE TEL CO**

Signature of Authorized Officer or employee: **Curt Kawlewski**  
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtikawlewski@nuvera.net,O=peoples tel. co.-ia,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

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

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier

**361483**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SPRING GROVE COMM.**

Signature of Authorized Officer or employee: **Jill Huffman**

Digitally signed by Jill Huffman DN:cn=Jill Huffman,email=jill@sgc-coop.com,O=harmony telephone company, llc,l=Spring Grove MN 55974-0516, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Jill Huffman**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **507-498-3456**

Study Area Code of Reporting Carrier

**361485**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **STARBUCK TEL CO**

Signature of Authorized Officer or employee: **Bruce Hanson**  
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l=, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier

**361487**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **UPSALA COOPERATIVE TELEPHONE ASSN.**

Signature of Authorized Officer or employee: **Tony Gebhard**  
Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala cooperative telephone assn.,l=Upsala MN 56384, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Tony Gebhard**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **320-573-1390**

Study Area Code of Reporting Carrier

**361494**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **VALLEY TEL CO - MN**

Signature of Authorized Officer or employee: **Dave Bickett**  
Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Dave Bickett**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier

**361495**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **TRI-CO TECHNOLOGIES, LLC DBA CROSSLAKE COMM.**

Signature of Authorized Officer or employee: **Josh Netland**  
Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=tri-co technologies, llc dba crosslake comm.,l=Emily MN 56447, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Josh Netland**

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

Telephone number of Authorized Officer or employee: **218-763-3000**

Study Area Code of Reporting Carrier

**361499**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NORTHERN TEL CO - MN**

Signature of Authorized Officer or employee: **Shane Young**  
Digitally signed by Shane Young DN:cn=Shane Young,email=Shane@northerntelephone.net,O=wilderness valley telephone company, inc., Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Shane Young**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **218-488-6565**

Study Area Code of Reporting Carrier	<b>361500</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **WEST CENTRAL TELEPHONE ASSN.**

Signature of Authorized Officer or employee: **Chad Bullock**  
Digitally signed by Chad Bullock DN:cn=Chad Bullock,email=chadb@wcta.net,O=west central telephone assn.,l=Sebeka MN 56477, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Chad Bullock**

Title or position of Authorized Officer or employee: **CEO-GM**

Telephone number of Authorized Officer or employee: **218-837-5151**

Study Area Code of Reporting Carrier	<b>361501</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **WESTERN TEL CO**

Signature of Authorized Officer or employee: **Curt Kawlewski**  
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtikawlewski@nuvera.net,O=peoples tel. co.-ia,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

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

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier

**361502**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				Wikstrom Telephone Co. Inc.	
Signature of authorized officer				Date	05/26/2022
Printed name of authorized officer				Leslie B. Wikstrom	
Title or position of authorized officer				Vice President	
Telephone number of authorized officer:				(218-436-2121)	
Study Area Code of Reporting Carrier		361505	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022	
<p>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.</p>					

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).

Name of Reporting Carrier: **WINTHROP TEL CO**

Signature of Authorized Officer or employee: **Danny Busche**  
Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=winthrop tel. co.,l=Franklin MN 55333, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Danny Busche**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **507-557-2275**

Study Area Code of Reporting Carrier

**361508**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WOODSTOCK TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Terry Nelson**  
Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock telephone company,l=Ruthon MN 56170, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Terry Nelson**

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

Telephone number of Authorized Officer or employee: **507-658-3830**

Study Area Code of Reporting Carrier

**361510**

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

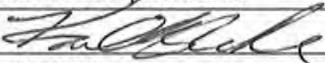
**6/16/2022**

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.

**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).

Name of Reporting Carrier				Wolverton Telephone Co.	
Signature of authorized officer				Date	5/18/2022
Printed name of authorized officer		Karl Blake			
Title or position of authorized officer		Executive Vice President			
Telephone number of authorized officer:		284,7221 , ext.			
Study Area Code of Reporting Carrier	361512	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier: **ZUMBROTA TEL CO**

Signature of Authorized Officer or employee: **Bruce Hanson**  
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l=, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier

**361515**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **INTERSTATE TELECOMMUNICATIONS COOP., INC.-MN**

Signature of Authorized Officer or employee: **Tracy Bandemer**  
Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=tracy.bandemer@itccoop.com,O=interstate telecommunications coop., inc.-mn,l=Clear Lake SD 57226-0920, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Tracy Bandemer**

Title or position of Authorized Officer or employee: **CEO/ General Manager**

Telephone number of Authorized Officer or employee: **605-874-2181**

Study Area Code of Reporting Carrier

**361654**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ARAPAHOE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **John Koller**  
Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.com,O=arapahoe telephone company,l=Arapahoe NE 68922, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **John Koller**

Title or position of Authorized Officer or employee: **VP Operations**

Telephone number of Authorized Officer or employee: **308-962-7298**

Study Area Code of Reporting Carrier

**371516**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ELSIE COMM., INC.**

Signature of Authorized Officer or employee: **David Shipley**  
Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie communications, inc.,l=Colorado City CO 81019, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **David Shipley**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **866-542-6780**

Study Area Code of Reporting Carrier

**371518**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **THREE RIVER TELCO**

Signature of Authorized Officer or employee: **Steven Dorf**  
Digitally signed by Steven Dorf DN:cn=Steven Dorf,email=sdorf@threerivertelco.com,O=three river telco,l=Lynch NE 68746-0066, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Steven Dorf**

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

Telephone number of Authorized Officer or employee: **402-569-2666**

Study Area Code of Reporting Carrier

**371525**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CAMBRIDGE TEL CO -NE**

Signature of Authorized Officer or employee: **J. Shoemaker**  
Digitally signed by J. Shoemaker DN:cn=J. Shoemaker,email=tom.shoemaker@pnpt.com,O=cambridge telephone company - ne,l=Cambridge NE 69022, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **J. Shoemaker**

Title or position of Authorized Officer or employee: **V P Regulatory Affairs**

Telephone number of Authorized Officer or employee: **308-697-3333**

Study Area Code of Reporting Carrier

**371526**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CONSOLIDATED TELCO**

Signature of Authorized Officer or employee: **Wendy Thompson Fast**  
Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco, inc.,l=Lincoln NE 68506-0147, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier

**371530**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CONSOLIDATED TEL CO**

Signature of Authorized Officer or employee: **Wendy Thompson Fast**  
Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco, inc.,l=Lincoln NE 68506-0147, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier

**371532**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **COZAD TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Marcus Young**  
Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad telephone company,l= , Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Marcus Young**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **308-784-4044**

Study Area Code of Reporting Carrier	<b>371534</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **CURTIS TEL CO**

Signature of Authorized Officer or employee: **Wendy Thompson Fast**  
Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco, inc.,l=Lincoln NE 68506-0147, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier

**371536**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **DALTON TEL CO, INC**

Signature of Authorized Officer or employee: <b>David Shipley</b>	Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton telephone company, inc.,l=Colorado City CO 81019, Date:5/25/2022	Date: <b>5/25/2022</b>
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Printed name of Authorized Officer or employee: **David Shipley**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **866-542-6779**

Study Area Code of Reporting Carrier	<b>371537</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **DILLER TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Loren Duerksen**  
Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller telephone company,l=Diller NE 68342-0236, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Loren Duerksen**

Title or position of Authorized Officer or employee: **General Manager/Director of Operations**

Telephone number of Authorized Officer or employee: **402-793-5330**

Study Area Code of Reporting Carrier

**371540**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **GLENWOOD TEL MEMBER**

Signature of Authorized Officer or employee: **Stanley Rouse**  
Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood telephone membership corp.,l=Blue Hill NE 68930-0008, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Stanley Rouse**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **402-756-3131**

Study Area Code of Reporting Carrier

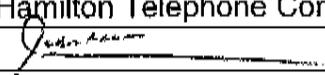
**371553**

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

**6/16/2022**

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.

## 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).			
Name of Reporting Carrier	Hamilton Telephone Company		
Signature of authorized officer		Date	05/23/2022
Printed name of authorized officer	John Nelson		
Title or position of authorized officer	President		
Telephone number of authorized officer:	(402) 694-5101		
Study Area Code of Reporting Carrier	371555	Filing Due Date for this form (mm/dd/yyyy)	June 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.			

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).

Name of Reporting Carrier: **HARTINGTON TELECOMMUNICATIONS CO., INC.**

Signature of Authorized Officer or employee: **Dave Nilles**

Digitally signed by Dave Nilles DN:cn=Dave Nilles,email=dnilles@hartel.net,O=hartington telecommunications co., inc.,l=Hartington NE 68739-0157, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Dave Nilles**

Title or position of Authorized Officer or employee: **CFO/ General Manager**

Telephone number of Authorized Officer or employee: **402-254-3901**

Study Area Code of Reporting Carrier

**371556**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HARTMAN TELEPHONE EXCHANGES INC.**

Signature of Authorized Officer or employee: **Jenna Burrell**  
Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=hartman telephone exchanges inc.,l=Benkelman NE 69021, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Jenna Burrell**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **308-423-5607**

Study Area Code of Reporting Carrier

**371557**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HEMINGFORD COOP. TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Tonya Mayer**

Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop. telephone company,l=Hemingford NE 69348-0246, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Tonya Mayer**

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

Telephone number of Authorized Officer or employee: **308-487-3311**

Study Area Code of Reporting Carrier

**371558**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HENDERSON CO-OP TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Chris Johnson**  
Digitally signed by Chris Johnson DN:cn=Chris Johnson,email=cjohnson@mainstaycomm.net,O=henderson co-op telephone company,l=Henderson NE 68371, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Chris Johnson**

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

Telephone number of Authorized Officer or employee: **402-723-4448**

Study Area Code of Reporting Carrier

**371559**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HERSHEY COOPERATIVE TELEPHONE CO**

Signature of Authorized Officer or employee: **Rex Woolley**  
Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey cooperative telephone co,l=Hershey NE 69143, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Rex Woolley**

Title or position of Authorized Officer or employee: **General Manager & CEO**

Telephone number of Authorized Officer or employee: **308-368-5561**

Study Area Code of Reporting Carrier

**371561**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CONSOLIDATED TELECOM**

Signature of Authorized Officer or employee: **Wendy Thompson Fast**  
Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco, inc.,l=Lincoln NE 68506-0147, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier

**371562**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HOOPER TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Robert Gannon**  
Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper telephone company,l=Remsen IA 51050-0330, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Robert Gannon**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-786-5572**

Study Area Code of Reporting Carrier

**371563**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **K & M TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Thomas Magnuson**  
Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k & m telephone company inc.,l=Chambers NE 68725, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Thomas Magnuson**

Title or position of Authorized Officer or employee: **President/General Manager**

Telephone number of Authorized Officer or employee: **402-482-5800**

Study Area Code of Reporting Carrier

**371565**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **GLENWOOD NET SRV**

Signature of Authorized Officer or employee: **Stanley Rouse**  
Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood telephone membership corp.,j=Blue Hill NE 68930-0008, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Stanley Rouse**

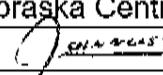
Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **402-756-3131**

Study Area Code of Reporting Carrier	<b>371567</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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## 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).			
Name of Reporting Carrier <b>Nebraska Central Telephone Company</b>			
Signature of authorized officer 		Date	<b>05/23/2022</b>
Printed name of authorized officer <b>John Nelson</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(402) 694-5101</b>			
Study Area Code of Reporting Carrier	<b>371574</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 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.			

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).

Name of Reporting Carrier: **NORTHEAST NEBRASKA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Patrick McElroy**  
Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pat.mcelroy@nntcemployee.com,O=northeast nebraska telephone company,lc=, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Patrick McElroy**

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

Telephone number of Authorized Officer or employee: **402-632-4321**

Study Area Code of Reporting Carrier

**371576**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PIERCE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **William Fogle**  
Digitally signed by William Fogle DN:cn=William Fogle,email=wfogle@piercetelphone.com,O=pierce telephone company,I=Pierce NE 68767-0113, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **William Fogle**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **402-329-6225**

Study Area Code of Reporting Carrier

**371581**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PLAINVIEW TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Eric Nye**  
Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@plwvtelco.net,O=plainview telephone company inc.,l=Plainview NE 68769-0117, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Eric Nye**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-582-4242**

Study Area Code of Reporting Carrier

**371582**

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

**6/16/2022**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **SODTOWN COMM.**

Signature of Authorized Officer or employee: **Wendy Thompson Fast**  
Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco, inc.,l=Lincoln NE 68506-0147, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier	<b>371590</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **SOUTHEAST NEBRASKA COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Ray Joy**  
Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=southeast nebraska communications, inc.,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Ray Joy**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **402-245-4451**

Study Area Code of Reporting Carrier

**371591**

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

**6/16/2022**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **STANTON TELECOM INC.**

Signature of Authorized Officer or employee: **Nicholas Paden**  
Digitally signed by Nicholas Paden DN:cn=Nicholas Paden,email=npaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Nicholas Paden**

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

Telephone number of Authorized Officer or employee: **402-439-2264**

Study Area Code of Reporting Carrier

**371592**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WAUNETA TEL. CO.**

Signature of Authorized Officer or employee: **Jenna Burrell**  
Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=wauneta tel. co.,l=Benkelman NE 69021, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Jenna Burrell**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **308-423-5607**

Study Area Code of Reporting Carrier

**371597**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BENKELMAN TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Jenna Burrell**  
Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=benkelman telephone company inc.,l=Benkelman NE 69021, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Jenna Burrell**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **308-423-5607**

Study Area Code of Reporting Carrier

**372455**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NORTH DAKOTA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Shawna Senger**  
Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota telephone company,l=Devils Lake ND 58301, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Shawna Senger**

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

Telephone number of Authorized Officer or employee: **701-662-6428**

Study Area Code of Reporting Carrier

**381447**

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

**6/16/2022**

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.

**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).

Name of Reporting Carrier				Wolverton Telephone Co.			
Signature of authorized officer					Date		5/18/2022
Printed name of authorized officer			Karl Blake				
Title or position of authorized officer			Executive Vice President				
Telephone number of authorized officer:			284-7221		, ext.		
Study Area Code of Reporting Carrier		381509		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022	
<p>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.</p>							

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).

Name of Reporting Carrier: **BEK COMM. COOP.**

Signature of Authorized Officer or employee: **Brandon Vaughan**  
Digitally signed by Brandon Vaughan DN:cn=Brandon Vaughan,email=brandonv@bektel.coop,O=bek communications cooperative,l=Steele ND 58482, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Brandon Vaughan**

Title or position of Authorized Officer or employee: **CFO/Financial Manager**

Telephone number of Authorized Officer or employee: **701-475-1246**

Study Area Code of Reporting Carrier

**381604**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CONSOLIDATED TELCOM**

Signature of Authorized Officer or employee: **Bryan Personne**  
Digitally signed by Bryan Personne DN:cn=Bryan Personne,email=bryan@consolidatednd.com,O=consolidated telcom,l=Dickinson ND 58602-1408, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Bryan Personne**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **701-483-4000**

Study Area Code of Reporting Carrier

**381607**

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

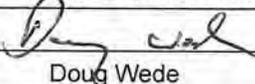
**6/16/2022**

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.

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).

Name of Reporting Carrier				Dakota Central Telecommunications Cooperative / DCTI			
Signature of authorized officer					Date	5/18/2022	
Printed name of authorized officer				Doug Wede			
Title or position of authorized officer				President			
Telephone number of authorized officer:				(701) 652-3184			
Study Area Code of Reporting Carrier		381610		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022	
<p>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.</p>							

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).

Name of Reporting Carrier: **DICKEY RURAL TEL COOP.**

Signature of Authorized Officer or employee: **Kent Schimke**  
Digitally signed by Kent Schimke DN:cn=Kent Schimke,email=kschimke@drtel.com,O=dickey rural tel coop.,l=Ellendale ND 58436, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Kent Schimke**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **701-344-6031**

Study Area Code of Reporting Carrier

**381611**

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

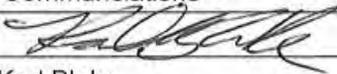
**6/16/2022**

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.

**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).

Name of Reporting Carrier				Polar Communciations	
Signature of authorized officer				Date	5/18/2022
Printed name of authorized officer		Karl Blake			
Title or position of authorized officer		CEO			
Telephone number of authorized officer:		284,7221 , ext.			
Study Area Code of Reporting Carrier	381614	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier: **GRIGGS COUNTY TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Tyler Kilde**

Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county telephone company,l=Enderlin ND 58027-0066, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Tyler Kilde**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **701-437-9209**

Study Area Code of Reporting Carrier

**381615**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **INTER-COMMUNITY TEL**

Signature of Authorized Officer or employee: <b>Brandon Vaughan</b>	Digitally signed by Brandon Vaughan DN:cn=Brandon Vaughan,email=brandonv@bektel.coop,O=bek communications cooperative,l=Steele ND 58482, Date:5/19/2022	Date: <b>5/19/2022</b>
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Printed name of Authorized Officer or employee: **Brandon Vaughan**

Title or position of Authorized Officer or employee: **CFO/Financial Manager**

Telephone number of Authorized Officer or employee: **701-475-1246**

Study Area Code of Reporting Carrier	<b>381616</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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).

Name of Reporting Carrier				MIDSTATE TELEPHONE COMPANY			
Signature of authorized officer			<i>Shane D Hart</i>		Date		5-24-2022
Printed name of authorized officer			SHANE D HART				
Title or position of authorized officer			CEO/GM				
Telephone number of authorized officer:			(701) 862-3115 ext.				
Study Area Code of Reporting Carrier		381617	Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022		
<p>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.</p>							

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).

Name of Reporting Carrier: **GRIGGS COUNTY TEL. CO. (MOORE&LIBERTY)**

Signature of Authorized Officer or employee: **Tyler Kilde**

Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county tel. co. (moore&liberty),l=Enderlin ND 58027-0066, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Tyler Kilde**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **701-437-9209**

Study Area Code of Reporting Carrier

**381622**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NORTHWEST COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Jennifer Bingeman**  
Digitally signed by Jennifer Bingeman DN:cn=Jennifer Bingeman,email=jenb@nccray.com,O=northwest communications cooperative,l= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Jennifer Bingeman**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **701-568-8101**

Study Area Code of Reporting Carrier

**381625**

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

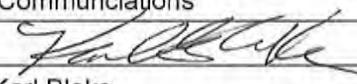
**6/16/2022**

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.

**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).

Name of Reporting Carrier				Polar Communciations	
Signature of authorized officer				Date	5/18/2022
Printed name of authorized officer		Karl Blake			
Title or position of authorized officer		CEO			
Telephone number of authorized officer:		284,7221 , ext.			
Study Area Code of Reporting Carrier	381630	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier: **RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM**

Signature of Authorized Officer or employee: **Thomas Steinolfson**  
Digitally signed by Thomas Steinolfson DN:cn=Thomas Steinolfson,email=toms@redrivercomm.com,O=red river rural tel. assn. dba red river comm,l=Abercrombie ND 58001, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Thomas Steinolfson**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **701-553-8309**

Study Area Code of Reporting Carrier

**381631**

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

**6/16/2022**

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.

**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).

Name of Reporting Carrier				RESERVATION TELEPHONE COOPERATIVE			
Signature of authorized officer			<i>Shane D Hart</i>		Date		5-24-2022
Printed name of authorized officer				SHANE D HART			
Title or position of authorized officer				CEO/GM			
Telephone number of authorized officer:				(701) 862-3115			
Study Area Code of Reporting Carrier		381632		Filing Due Date for this form (mm/dd/yyyy)		June 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.							

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).

Name of Reporting Carrier: **UNITED TEL MUTUAL**

Signature of Authorized Officer or employee: **Steve Swanson**  
Digitally signed by Steve Swanson DN:cn=Steve Swanson,email=steves@corp.utma.com,O=united telephone mutual aid corp.,l=Langdon ND 58249-0729, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Steve Swanson**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **701-256-5156**

Study Area Code of Reporting Carrier

**381636**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **W. RIVER TELECOM.**

Signature of Authorized Officer or employee: <b>Troy Schilling</b>	Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications cooperative,l=Hazen ND 58545, Date:5/18/2022	Date: <b>5/18/2022</b>
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Printed name of Authorized Officer or employee: **Troy Schilling**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **701-748-2211**

Study Area Code of Reporting Carrier	<b>381637</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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).

Name of Reporting Carrier				MIDSTATE COMMUNICATIONS INC	
Signature of authorized officer		<i>Shane D Hart</i>		Date	5-24-2022
Printed name of authorized officer		SHANE D HART			
Title or position of authorized officer		CEO/GM			
Telephone number of authorized officer:		(701) 862-3115 ext.			
Study Area Code of Reporting Carrier	381638	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022		
<p>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.</p>					

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).

Name of Reporting Carrier				SRT Communications, Inc	
Signature of authorized officer				Date	05/18/2022
Printed name of authorized officer		John Reiser			
Title or position of authorized officer		COO/Asst General Manager			
Telephone number of authorized officer:		(701) 858-5262			
Study Area Code of Reporting Carrier	383303	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022		
<p>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.</p>					

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).

Name of Reporting Carrier: **ALLIANCE COMM. COOPERATIVE, INC.-HILLS SD**

Signature of Authorized Officer or employee: **Kari Flanagan**  
Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills sd,I=Garretson SD 57030, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier

**391405**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **GOLDEN WEST TELECOM COOP (ARMOUR)**

Signature of Authorized Officer or employee: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

**391640**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ALLIANCE COMM. COOPERATIVE, INC.-BAL TIC**

Signature of Authorized Officer or employee: **Kari Flanagan**  
Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-baltic,l=Garretson SD 57030, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier

**391642**

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

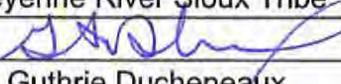
**6/16/2022**

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**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).

Name of Reporting Carrier				Cheyenne River Sioux Tribe Telephone Authority	
Signature of authorized officer				Date	05-25-2022
Printed name of authorized officer		Guthrie Ducheneaux			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(605) 964-2600			
Study Area Code of Reporting Carrier	391647	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022		
<p>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.</p>					

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).

Name of Reporting Carrier: **BERESFORD MUNICIPAL TEL. CO.**

Signature of Authorized Officer or employee: **Austin Hansen**  
Digitally signed by Austin Hansen DN:cn=Austin Hansen,email=austinh@bmtc.net,O=beresford municipal tel. co.,l= , Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Austin Hansen**

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

Telephone number of Authorized Officer or employee: **605-763-2500**

Study Area Code of Reporting Carrier	<b>391649</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **CLARITY TELECOM, LLC**

Signature of Authorized Officer or employee: **Mark James**  
Digitally signed by Mark James DN:cn=Mark James,email=Mark.James@MyBluePeak.com,O=clarity telecom, llc, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Mark James**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **303-842-9777**

Study Area Code of Reporting Carrier

**391652**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CITY OF FAITH MUNICIPAL TEL CO**

Signature of Authorized Officer or employee: **Debbie Brown**  
Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith municipal tel co,l=Faith SD 57626-0368, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Debbie Brown**

Title or position of Authorized Officer or employee: **Finance Officer**

Telephone number of Authorized Officer or employee: **605-967-2261**

Study Area Code of Reporting Carrier

**391653**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **INTERSTATE TELECOMMUNICATIONS COOP., INC.**

Signature of Authorized Officer or employee: **Tracy Bandemer**  
Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=tracy.bandemer@itccoop.com,O=interstate telecommunications coop., inc.,l=Clear Lake SD 57226-0920, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Tracy Bandemer**

Title or position of Authorized Officer or employee: **CEO/ General Manager**

Telephone number of Authorized Officer or employee: **605-874-2181**

Study Area Code of Reporting Carrier

**391654**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ALLIANCE COMM. COOPERATIVE, INC.-SPLITROCK**

Signature of Authorized Officer or employee: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier

**391657**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **GOLDEN WEST TELECOM. COOP, INC.**

Signature of Authorized Officer or employee: **Dennis Law**  
Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom. coop, inc.,l=Wall SD 57790-0411, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

**391659**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FT RANDALL-MT RUSHMR**

Signature of Authorized Officer or employee: **Bruce Hanson**  
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service co.,l=, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier

**391660**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **James Groft**  
Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley cooperative telephone company, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **James Groft**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **605-397-2323**

Study Area Code of Reporting Carrier

**391664**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **JEFFERSON TEL CO -SD**

Signature of Authorized Officer or employee: <b>Paul Bergmann</b>	Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=pbergmann@longlines.biz,O=jordan soldier valley telephone company,l=Sergeant Bluff IA 51054, Date:5/19/2022	Date: <b>5/19/2022</b>
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Printed name of Authorized Officer or employee: **Paul Bergmann**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-271-5535**

Study Area Code of Reporting Carrier	<b>391666</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **GOLDEN WEST TELECOM COOP (KADOKA)**

Signature of Authorized Officer or employee: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (kadoka),l=Wall SD 57790-0411, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

**391667**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **KENNEBEC TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Rod Bowar**

Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=rodb@kennebectelephone.com,O=kennebec telephone company,l=Kennebec SD 57544, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Rod Bowar**

Title or position of Authorized Officer or employee: **President/Manager**

Telephone number of Authorized Officer or employee: **605-869-2220**

Study Area Code of Reporting Carrier

**391668**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **TRIOTEL COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Heather Kranz**  
Digitally signed by Heather Kranz DN:cn=Heather Kranz,email=heatherk@triotel.com,O=triotel communications, inc.,l=Salem SD 57058-0630, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Heather Kranz**

Title or position of Authorized Officer or employee: **CEO/GM**

Telephone number of Authorized Officer or employee: **605-425-2238**

Study Area Code of Reporting Carrier

**391669**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MIDSTATE COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Chad Mutziger**  
Digitally signed by Chad Mutziger DN:cn=Chad Mutziger,email=chad@midstaff.net,O=midstate communications, inc.,l=Kimball SD 57355, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Chad Mutziger**

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

Telephone number of Authorized Officer or employee: **605-778-6221**

Study Area Code of Reporting Carrier	<b>391670</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **WEST RIVER(MOBRIDGE)**

Signature of Authorized Officer or employee: **Troy Schilling**  
Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications cooperative,l=Hazen ND 58545, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Troy Schilling**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **701-748-2211**

Study Area Code of Reporting Carrier

**391671**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				RC Technologies	
Signature of authorized officer		<i>Robin Thoreson</i>		Date	5/25/22
Printed name of authorized officer				Robin Thoreson	
Title or position of authorized officer				Accounting Dept Manager	
Telephone number of authorized officer:				(605) 637-5211	
Study Area Code of Reporting Carrier	391674	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022		
<p>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.</p>					

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).

Name of Reporting Carrier: **SANTEL COMM. COOP.**

Signature of Authorized Officer or employee: **Ryan Thompson**  
Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.coop,O=santel communications cooperative, inc.,l=Woonsocket SD 57385-0067, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Ryan Thompson**

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

Telephone number of Authorized Officer or employee: **605-796-8143**

Study Area Code of Reporting Carrier

**391676**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **GOLDEN WEST TELECOM COOP (SIOUX VALLEY)**

Signature of Authorized Officer or employee: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (sioux valley),l=Wall SD 57790-0411, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

**391677**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **VENTURE COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Randy Houdek**  
Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture communications cooperative,l=Highmore SD 57345-0157, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Randy Houdek**

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

Telephone number of Authorized Officer or employee: **605-852-1111**

Study Area Code of Reporting Carrier	<b>391680</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **GOLDEN WEST TELECOM COOP (UNION)**

Signature of Authorized Officer or employee: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (union),I=Wall SD 57790-0411, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

**391684**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **VALLEY TELECOMM. COOP. ASSN., INC.**

Signature of Authorized Officer or employee: **Jeff Symens**  
Digitally signed by Jeff Symens DN:cn=Jeff Symens,email=jeff.s@valleytel.coop,O=valley telecomm. coop. assn.,inc.,l=Herreid SD 57632-0007, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Jeff Symens**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-437-2615**

Study Area Code of Reporting Carrier	<b>391685</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **GOLDEN WEST TELECOM COOP (VIVIAN)**

Signature of Authorized Officer or employee: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (vivian),I=Wall SD 57790-0411, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

**391686**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WEST RIVER COOPERATIVE TEL. CO.**

Signature of Authorized Officer or employee: **Colle Nash**

Digitally signed by Colle Nash DN:cn=Colle Nash,email=cnash@wrctc.coop,O=west river cooperative tel. co.,l=Bison SD 57620, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Colle Nash**

Title or position of Authorized Officer or employee: **General Manager / CEO**

Telephone number of Authorized Officer or employee: **605-244-5213**

Study Area Code of Reporting Carrier

**391689**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **ARKANSAS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Randy McCaslin**  
Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas telephone company,l=Clinton AR 72031, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Randy McCaslin**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **501-745-2114**

Study Area Code of Reporting Carrier

**401692**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CENTRAL ARKANSAS TEL. COOP INC.**

Signature of Authorized Officer or employee: **Larry Frazier**  
Digitally signed by Larry Frazier DN:cn=Larry Frazier,email=larryf@catc.net,O=central arkansas tel. coop inc.,l=Bismarck AR 71929, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Larry Frazier**

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

Telephone number of Authorized Officer or employee: **501-865-7008**

Study Area Code of Reporting Carrier	<b>401697</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **CLEVELAND COUNTY TEL**

Signature of Authorized Officer or employee: **Wendy Ottman**  
Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier

**401698**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **DECATUR TEL CO INC**

Signature of Authorized Officer or employee: **Wendy Ottman**  
Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland city tel. co.,l=Oregon MO 64473, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier

**401699**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SOUTH ARKANSAS TEL. CO., INC.**

Signature of Authorized Officer or employee: **Greg Ashcraft**  
Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel. co.,inc.,l=Sheridan AR 72150, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Greg Ashcraft**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **870-942-4344**

Study Area Code of Reporting Carrier

**401702**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LAVACA TEL CO-AR**

Signature of Authorized Officer or employee: <b>Trent LeForce</b>	Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tforce@dobson.net,O=lavaca telephone-ar, Date:5/26/2022	Date: <b>5/26/2022</b>
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Printed name of Authorized Officer or employee: **Trent LeForce**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **405-242-0336**

Study Area Code of Reporting Carrier	<b>401704</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **MADISON COUNTY TEL. CO. INC.**

Signature of Authorized Officer or employee: **Tom Shrum**  
Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel. co. inc.,l=Huntsville AR 72740, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Tom Shrum**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **479-738-2121**

Study Area Code of Reporting Carrier

**401709**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MAGAZINE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Cheryl Stone**  
Digitally signed by Cheryl Stone DN:cn=Cheryl Stone,email=magtel@magtel.com,O=magazine telephone company,l=Magazine AR 72943, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Cheryl Stone**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **479-969-2211**

Study Area Code of Reporting Carrier	<b>401710</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **MOUNTAIN VIEW TEL CO**

Signature of Authorized Officer or employee: **Aaron Millsap**  
Digitally signed by Aaron Millsap DN:cn=Aaron Millsap,email=aaron.millsap@yelcot.com,O=mountain view telephone company,l=Mountain Home AR 72654, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Aaron Millsap**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **870-425-3100**

Study Area Code of Reporting Carrier

**401712**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NORTHERN ARKANSAS TEL. CO.,INC.**

Signature of Authorized Officer or employee: **Steven Sanders, Jr.**

Digitally signed by Steven Sanders, Jr. DN:cn=Steven Sanders, Jr.,email=steven@natconet.com,O=northern arkansas tel. co.,inc.,l=Flippin AR 72634-0209, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Steven Sanders, Jr.**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **870-453-9273**

Study Area Code of Reporting Carrier

**401713**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PRAIRIE GROVE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Rhonda Rouse**  
Digitally signed by Rhonda Rouse DN:cn=Rhonda Rouse,email=rrouse@pgtc.com,O=prairie grove telephone company,l=Prairie Grove AR 72753-1010, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Rhonda Rouse**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **479-846-7226**

Study Area Code of Reporting Carrier

**401718**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				Rice Belt Telephone Company, Inc.	
Signature of authorized officer		<i>Darby A. McCarty</i>		Date	5/24/2022
Printed name of authorized officer		Darby A. McCarty			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(812) 876-2211			
Study Area Code of Reporting Carrier	401721	Filing Due Date for this form (m/d/yyyy)	June 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.					

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).

Name of Reporting Carrier: **E RITTER TEL CO**

Signature of Authorized Officer or employee: **Bob Mouser**  
Digitally signed by Bob Mouser DN:cn=Bob Mouser,email=bob.mouser@rittercommunications.com,O=e .ritter telephone company, Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Bob Mouser**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **870-429-1116**

Study Area Code of Reporting Carrier

**401722**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SOUTHWEST ARKANSAS TEL. COOP. INC.**

Signature of Authorized Officer or employee: **Tina Moore**

Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=southwest arkansas tel. coop. inc.,l= , Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Tina Moore**

Title or position of Authorized Officer or employee: **Accountant**

Telephone number of Authorized Officer or employee: **870-653-8222**

Study Area Code of Reporting Carrier

**401724**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WALNUT HILL TEL CO**

Signature of Authorized Officer or employee: **Adam Dixon**  
Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Adam Dixon**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **870-921-5757**

Study Area Code of Reporting Carrier

**401729**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **YELCOT TEL CO INC**

Signature of Authorized Officer or employee: **Aaron Millsap**  
Digitally signed by Aaron Millsap DN:cn=Aaron Millsap,email=aaron.millsap@yelcot.com,O=mountain view telephone company,l=Mountain Home AR 72654, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Aaron Millsap**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **870-425-3100**

Study Area Code of Reporting Carrier

**401733**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SCOTT COUNTY TEL CO**

Signature of Authorized Officer or employee: <b>Karen Gilliam</b>	Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county telephone company,l=Avilla MO 64833, Date:5/27/2022	Date: <b>5/27/2022</b>
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Printed name of Authorized Officer or employee: **Karen Gilliam**

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

Telephone number of Authorized Officer or employee: **479-923-4200**

Study Area Code of Reporting Carrier	<b>403031</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **BLUE VALLEY TELE-COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Candace Wright**  
Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-communications, inc.,l= , Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Candace Wright**

Title or position of Authorized Officer or employee: **GM/CEO**

Telephone number of Authorized Officer or employee: **785-799-3657**

Study Area Code of Reporting Carrier	<b>411746</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **COUNCIL GROVE TEL. CO.**

Signature of Authorized Officer or employee: **Dale Jones**

Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Dale Jones**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **620-767-5153**

Study Area Code of Reporting Carrier

**411758**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CUNNINGHAM TELEPHONE CO. INC.**

Signature of Authorized Officer or employee: **Brent Cunningham**  
Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham telephone co. inc.,l=Glen Elder KS 67446-0108, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Brent Cunningham**

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

Telephone number of Authorized Officer or employee: **785-545-3215**

Study Area Code of Reporting Carrier

**411761**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ELKHART TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Becky Scott**  
Digitally signed by Becky Scott DN:cn=Becky Scott,email=bscott@epictouch.com,O=elkhart telephone company inc.,I=Elkhart KS 67950, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Becky Scott**

Title or position of Authorized Officer or employee: **President & CFO**

Telephone number of Authorized Officer or employee: **620-697-2111**

Study Area Code of Reporting Carrier	<b>411764</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **GOLDEN BELT TELEPHONE ASSN. INC.**

Signature of Authorized Officer or employee: **Beau Rebel**  
Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbtlive.com,O=golden belt telephone assn. inc., Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Beau Rebel**

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

Telephone number of Authorized Officer or employee: **785-372-4236**

Study Area Code of Reporting Carrier

**411777**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **GORHAM TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Tonya Murphy**  
Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham telephone company inc.,l=Gorham KS 67640-0235, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Tonya Murphy**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **785-637-5300**

Study Area Code of Reporting Carrier	<b>411778</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **HAVILAND TEL CO**

Signature of Authorized Officer or employee: **Mark Wade**

Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland telephone company inc.,l=Haviland KS 67059, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Mark Wade**

Title or position of Authorized Officer or employee: **VP of Operations**

Telephone number of Authorized Officer or employee: **620-862-5211**

Study Area Code of Reporting Carrier

**411780**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **H & B COMMUNICATIONS INC.**

Signature of Authorized Officer or employee: <b>Brandon Koch</b>	Digitally signed by Brandon Koch DN:cn=Brandon Koch,email=brkoch@hbcomm.net,O=h & b communications inc.,l= , Date:5/18/2022	Date: <b>5/18/2022</b>
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Printed name of Authorized Officer or employee: **Brandon Koch**

Title or position of Authorized Officer or employee: **President and General Manager**

Telephone number of Authorized Officer or employee: **785-252-4000**

Study Area Code of Reporting Carrier	<b>411781</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **J. B. N. TEL CO INC**

Signature of Authorized Officer or employee: **Mark Wade**

Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@haviglandtelco.com,O=havigland telephone company inc.,l=Havigland KS 67059, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Mark Wade**

Title or position of Authorized Officer or employee: **VP of Operations**

Telephone number of Authorized Officer or employee: **620-862-5211**

Study Area Code of Reporting Carrier

**411785**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **KANOKLA TEL ASSN-KS**

Signature of Authorized Officer or employee: **Jill Kuehny**  
Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ks,l=Caldwell KS 67022-0111, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Jill Kuehny**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier	<b>411788</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **MADISON TELEPHONE, LLC**

Signature of Authorized Officer or employee: **Shana Rains**  
Digitally signed by Shana Rains DN:cn=Shana Rains,email=mtn.shana@gmail.com,O=madison telephone, llc,l=Madison KS 66860, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Shana Rains**

Title or position of Authorized Officer or employee: **Regulatory Officer**

Telephone number of Authorized Officer or employee: **620-437-2356**

Study Area Code of Reporting Carrier

**411801**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **MOKAN DIAL INC-KS**

Signature of Authorized Officer or employee: **Adam Dixon**  
Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Adam Dixon**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **870-921-5757**

Study Area Code of Reporting Carrier	<b>411807</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **MUTUAL TELEPHONE COMPANY**

Signature of Authorized Officer or employee:	<b>John Tietjens</b> Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mual telephone company,l=Little River KS 67457, Date:5/26/2022	Date: <b>5/26/2022</b>
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Printed name of Authorized Officer or employee: **John Tietjens**

Title or position of Authorized Officer or employee: **President & General Manager**

Telephone number of Authorized Officer or employee: **620-897-6200**

Study Area Code of Reporting Carrier	<b>411809</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **PEOPLES TELECOMMUNICATIONS, LLC**

Signature of Authorized Officer or employee: **Jennifer Leach**  
Digitally signed by Jennifer Leach DN:cn=Jennifer Leach,email=jennifer@peoplestelecom.net,O=peoples telecommunications, llc,l=La Cygne KS 66040, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Jennifer Leach**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **913-757-2500**

Study Area Code of Reporting Carrier	<b>411814</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **CRAW-KAN TELEPHONE COOP INC- KS**

Signature of Authorized Officer or employee: **Craig Wilbert**  
Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan telephone coop inc- ks,l=Girard KS 66743-0100, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Craig Wilbert**

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

Telephone number of Authorized Officer or employee: **620-724-8235**

Study Area Code of Reporting Carrier

**411818**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **RAINBOW TELECOMMUNICATIONS ASSOC., INC.**

Signature of Authorized Officer or employee: **Kathy Ruoff**

Digitally signed by Kathy Ruoff DN:cn=Kathy Ruoff,email=kathy@rainbowtel.com,O=rainbow telecommunications assoc., inc.,l=Everest KS 66424, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Kathy Ruoff**

Title or position of Authorized Officer or employee: **Controller/CFO**

Telephone number of Authorized Officer or employee: **785-548-7511**

Study Area Code of Reporting Carrier

**411820**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **S & A TEL CO INC**

Signature of Authorized Officer or employee: **Deborah Rand**  
Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c.,l= , Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Deborah Rand**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-472-9786**

Study Area Code of Reporting Carrier	<b>411829</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **S. CENTRAL TEL - KS**

Signature of Authorized Officer or employee: **Carla Shearer**  
Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=s. central tel - ks,l= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Carla Shearer**

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

Telephone number of Authorized Officer or employee: **620-930-1082**

Study Area Code of Reporting Carrier

**411831**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **SOUTHERN KANSAS TEL**

Signature of Authorized Officer or employee: **William McVey**  
Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel. co.,inc.,l=Clearwater KS 67026-0800, Date:5/21/2022

Date: **5/21/2022**

Printed name of Authorized Officer or employee: **William McVey**

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

Telephone number of Authorized Officer or employee: **620-584-8337**

Study Area Code of Reporting Carrier

**411833**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **TRI-COUNTY TEL. ASSN. INC.-KS**

Signature of Authorized Officer or employee: **Dale Jones**  
Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel. assn. inc.-ks,l=Council Grove KS 66846-0299, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Dale Jones**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **620-767-5153**

Study Area Code of Reporting Carrier

**411839**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **UNITED TELEPHONE ASSOCIATION, INC.**

Signature of Authorized Officer or employee: **Jennifer Pachner**

Digitally signed by Jennifer Pachner DN:cn=Jennifer Pachner,email=jenniferp@unitedtelcom.net,O=united telephone association, inc.,l=Dodge City KS 67801-0117, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Jennifer Pachner**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **620-227-8641**

Study Area Code of Reporting Carrier

**411841**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **WHEAT STATE TELEPHONE, INC.**

Signature of Authorized Officer or employee: **Randy Hoffman**  
Digitally signed by Randy Hoffman DN:cn=Randy Hoffman,email=rhoffman@wheatstate.com,O=wheat state telephone, inc.,l=Udall KS 67146, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Randy Hoffman**

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

Telephone number of Authorized Officer or employee: **620-782-3341**

Study Area Code of Reporting Carrier

**411847**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **WILSON TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Craig Freeman**  
Digitally signed by Craig Freeman DN:cn=Craig Freeman,email=craig.freeman@wilsoncom.net,O=wilson telephone company inc.,l=Wilson KS 67490-0190, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Craig Freeman**

Title or position of Authorized Officer or employee: **Vice President / General Manager**

Telephone number of Authorized Officer or employee: **785-658-2111**

Study Area Code of Reporting Carrier	<b>411849</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **ZENDA TEL COMPANY**

Signature of Authorized Officer or employee: **John Ludenia**  
Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=zenda telephone company inc.,l= , Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **John Ludenia**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **304-983-8642**

Study Area Code of Reporting Carrier

**411852**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BPS Telephone Company**

Signature of Authorized Officer or employee: **Lisa Winberry**  
Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps telephone company,l=Bernie MO 63822-0550, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Lisa Winberry**

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

Telephone number of Authorized Officer or employee: **573-293-2277**

Study Area Code of Reporting Carrier	<b>420463</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **IAMO COMM - MO**

Signature of Authorized Officer or employee: **Tim Toepfer**  
Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=ttoepfer@iamo.tel,O=iamo communications,inc.-ia, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Tim Toepfer**

Title or position of Authorized Officer or employee: **CEO & General Manage**

Telephone number of Authorized Officer or employee: **712-583-3232**

Study Area Code of Reporting Carrier

**421206**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MOKAN DIAL INC-MO**

Signature of Authorized Officer or employee: **Adam Dixon**

Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Adam Dixon**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **870-921-5757**

Study Area Code of Reporting Carrier

**421807**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ALMA COMMUNICATIONS COMPANY DBA ALMA TEL. CO.**

Signature of Authorized Officer or employee: **Adolf Heins**

Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma communications company dba alma tel. co.,l=Alma MO 64001, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Adolf Heins**

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

Telephone number of Authorized Officer or employee: **660-674-2297**

Study Area Code of Reporting Carrier

**421860**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CHARITON VALLEY TELEPHONE CORPORATION**

Signature of Authorized Officer or employee: **Kirby Underberg**  
Digitally signed by Kirby Underberg DN:cn=Kirby Underberg,email=kunderberg@charitonvalley.com,O=chariton valley telephone corporation, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Kirby Underberg**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **660-395-9000**

Study Area Code of Reporting Carrier

**421864**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ELLINGTON TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Dee McCormack**  
Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington telephone company,l=Ellington MO 63638, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Dee McCormack**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **573-663-2000**

Study Area Code of Reporting Carrier

**421874**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FARBER TEL CO**

Signature of Authorized Officer or employee: **Wendy Ottman**  
Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland city tel. co.,l=Oregon MO 64473, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier

**421876**

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

**6/16/2022**

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				Fidelity Telephone	
Signature of authorized officer			Date		5-26-22
Printed name of authorized officer				John Walburn	
Title or position of authorized officer				VP of Operations	
Telephone number of authorized officer: ( ) - , ext.				523-948-1262	
Study Area Code of Reporting Carrier		421882	Filing Due Date for this form (mm/dd/yyyy)	June 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.

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).

Name of Reporting Carrier: **GRANBY TEL CO - MISSOURI**

Signature of Authorized Officer or employee: **Cheri Johnson**  
Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - missouri,l=Granby MO 64844, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Cheri Johnson**

Title or position of Authorized Officer or employee: **Corporate Secretary**

Telephone number of Authorized Officer or employee: **417-472-5513**

Study Area Code of Reporting Carrier

**421887**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **GREEN HILLS TEL CORP**

Signature of Authorized Officer or employee: **David Adams**  
Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghtc.com,O=green hills telephone corp.,l=Breckenridge MO 64625, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **David Adams**

Title or position of Authorized Officer or employee: **EVP/GM**

Telephone number of Authorized Officer or employee: **660-644-5411**

Study Area Code of Reporting Carrier

**421890**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CHOCTAW TELEPHONE CO**

Signature of Authorized Officer or employee: **Adam Dixon**  
Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Adam Dixon**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **870-921-5757**

Study Area Code of Reporting Carrier

**421893**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **KINGDOM TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Marla McCowan**  
Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mmccowan@kingdomtelco.com,O=kingdom telephone company,l=Auxvasse MO 65231, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Marla McCowan**

Title or position of Authorized Officer or employee: **Assistant Board Secretary**

Telephone number of Authorized Officer or employee: **573-386-2241**

Study Area Code of Reporting Carrier

**421901**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				LE-RU TELEPHONE COMPANY	
Signature of authorized officer			Date		5/19/2022
Printed name of authorized officer			W. JAY MITCHELL		
Title or position of authorized officer			PRESIDENT		
Telephone number of authorized officer			(417) 628-3844 ext		
Study Area Code of Reporting Carrier		421908	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022	
<p><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.</b></p>					

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).

Name of Reporting Carrier: **MCDONALD COUNTY TELEPHONE CO.**

Signature of Authorized Officer or employee: **Ross Babbitt**  
Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county telephone co.,l=Pineville MO 64856-0207, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Ross Babbitt**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **417-223-4313**

Study Area Code of Reporting Carrier

**421912**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MILLER TEL CO - MO**

Signature of Authorized Officer or employee: **John Ludenia**  
Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=miller telephone company - mo,l= , Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **John Ludenia**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **304-983-8642**

Study Area Code of Reporting Carrier

**421920**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NEW FLORENCE TEL CO**

Signature of Authorized Officer or employee: **Wendy Ottman**  
Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland city tel. co.,l=Oregon MO 64473, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier	<b>421927</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier				NEW FLORENCE TEL CO	
Signature of authorized officer		<i>Wendy Ottman</i>		Date	7/26/2022
Printed name of authorized officer		Wendy Ottman			
Title or position of authorized officer		Vice President of Finance			
Telephone number of authorized officer:		(573) 835-4051			
Study Area Code of Reporting Carrier	421927	Filing Due Date for this form (mm/dd/yyyy)	August 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.					

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).

Name of Reporting Carrier: **NEW LONDON TEL CO**

Signature of Authorized Officer or employee: **Wendy Ottman**  
Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland city tel. co.,l=Oregon MO 64473, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier	<b>421928</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **NORTHEAST MISSOURI RURAL TEL. CO.**

Signature of Authorized Officer or employee: **Michele Gillespie**  
Digitally signed by Michele Gillespie DN:cn=Michele Gillespie,email=mvan@nemr.net,O=northeast missouri rural tel. co.,l= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Michele Gillespie**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **660-874-4111**

Study Area Code of Reporting Carrier

**421931**

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

**6/16/2022**

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 **Lathrop Telephone Company**

Signature of Authorized Officer *x* *Gregg Davis*

Date

*5-16-22*

Printed name of Authorized Officer

Gregg Davis

Title or position of Authorized Officer

President

Telephone number of Authorized Officer.

( 660 ) 748-3231 ext. \_ \_ \_ \_ \_

Study Area Code of Reporting Carrier

**421932**

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.

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).

Name of Reporting Carrier: **ORCHARD FARM TEL CO**

Signature of Authorized Officer or employee: **Wendy Ottman**  
Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland city tel. co.,l=Oregon MO 64473, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier	<b>421934</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **OREGON FARMERS MUT**

Signature of Authorized Officer or employee: **Adam Dixon**  
Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Adam Dixon**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **870-921-5757**

Study Area Code of Reporting Carrier

**421935**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PEACE VALLEY TELEPHONE CO.**

Signature of Authorized Officer or employee: **Kelly Bosserman**  
Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman,email=kbosserman@hotmail.com,O=peace valley telephone co.,l=Peace Valley MO 65788-0009, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Kelly Bosserman**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **417-277-5550**

Study Area Code of Reporting Carrier

**421936**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ROCK PORT TEL. CO.**

Signature of Authorized Officer or employee: **Rick Bradley**  
Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel. co.,l=Rock Port MO 64482-0147, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Rick Bradley**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **660-744-5311**

Study Area Code of Reporting Carrier

**421942**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **STOUTLAND TEL CO**

Signature of Authorized Officer or employee: **Wendy Ottman**  
Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland city tel. co.,l=Oregon MO 64473, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier

**421951**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				STOUTLAND TEL CO	
Signature of authorized officer		<i>Wendy Ott</i>		Date	7/26/2022
Printed name of authorized officer		Wendy Ottman			
Title or position of authorized officer		Vice President of Finance			
Telephone number of authorized officer:		(573) 835-4051			
Study Area Code of Reporting Carrier	421951	Filing Due Date for this form (mm/dd/yyyy)	August 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.					

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).

Name of Reporting Carrier: **LAVACA TEL CO-OK**

Signature of Authorized Officer or employee: **Trent LeForce**  
Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tforce@dobson.net,O=lavaca telephone-ar,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Trent LeForce**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **405-242-0336**

Study Area Code of Reporting Carrier

**431704**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **KANOKLA TEL ASSN-OK**

Signature of Authorized Officer or employee: **Jill Kuehny**

Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ks,l=Caldwell KS 67022-0111, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Jill Kuehny**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier

**431788**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SOUTH CENTRAL TEL. ASSN., INC.-OK**

Signature of Authorized Officer or employee: **Carla Shearer**  
Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn., inc.-ok, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Carla Shearer**

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

Telephone number of Authorized Officer or employee: **620-930-1082**

Study Area Code of Reporting Carrier

**431831**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ATLAS TELEPHONE CO.**

Signature of Authorized Officer or employee: **Barbara Summa**  
Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas telephone co.,l=Big Cabin OK 74332-0077, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Barbara Summa**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **918-783-5111**

Study Area Code of Reporting Carrier

**431966**

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

**6/16/2022**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **BEGGS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Kay Mount**  
Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs telephone company,l=Beggs OK 74421-0749, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Kay Mount**

Title or position of Authorized Officer or employee: **Pres. & General Manager**

Telephone number of Authorized Officer or employee: **918-267-3636**

Study Area Code of Reporting Carrier

**431968**

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

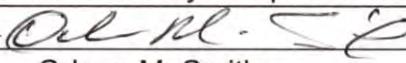
**6/16/2022**

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**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).

Name of Reporting Carrier				Canadian Valley Telephone Co.			
Signature of authorized officer					Date		5/25/22
Printed name of authorized officer				Orlean M. Smith			
Title or position of authorized officer				President/GM			
Telephone number of authorized officer:				(918) 334-3700			
Study Area Code of Reporting Carrier		431974		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022	
<p>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.</p>							

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).

Name of Reporting Carrier: **CARNEGIE TELEPHONE CO.INC.**

Signature of Authorized Officer or employee: **James Powers**  
Digitally signed by James Powers DN:cn=James Powers,email=jpowers@carnegiatelephone.com,O=carnegie telephone co.inc.,l=Carnegie OK 73015, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **James Powers**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **580-654-1002**

Study Area Code of Reporting Carrier	<b>431976</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **CENTRAL OKLAHOMA TELEPHONE CO., L.L.C.**

Signature of Authorized Officer or employee: **Steve Guest**

Digitally signed by Steve Guest DN:cn=Steve Guest,email=steveg@cotc.net,O=central oklahoma telephone co.,l.l.c.,l=Davenport OK 74026-0789, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Steve Guest**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **918-377-2241**

Study Area Code of Reporting Carrier

**431977**

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

**6/16/2022**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **CHEROKEE TELEPHONE CO.**

Signature of Authorized Officer or employee: **Samuel Sanchez**  
Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee telephone co.,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Samuel Sanchez**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **580-434-5375**

Study Area Code of Reporting Carrier

**431979**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **CHICKASAW TELEPHONE CO.**

Signature of Authorized Officer or employee: **Rita Glover**  
Digitally signed by Rita Glover DN:cn=Rita Glover,email=rglover@chickasawphone.net,O=chickasaw telephone co.,l=Sulphur OK 73086, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Rita Glover**

Title or position of Authorized Officer or employee: **Corporate Secretary**

Telephone number of Authorized Officer or employee: **580-622-2111**

Study Area Code of Reporting Carrier

**431980**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **CIMARRON TEL. CO.**

Signature of Authorized Officer or employee: **H. Baldwin**

Digitally signed by H. Baldwin DN:cn=H. Baldwin,email=hgb@cimtel.net,O=cimarron tel. co.,l=Mannford OK 74044, Date:6/2/2022

Date: **6/2/2022**

Printed name of Authorized Officer or employee: **H. Baldwin**

Title or position of Authorized Officer or employee: **Vice President & General Manager**

Telephone number of Authorized Officer or employee: **918-865-3311**

Study Area Code of Reporting Carrier

**431982**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **GRAND TELEPHONE CO. INC.**

Signature of Authorized Officer or employee: **Jason Anderson**  
Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand telephone co. inc.,l=Jay OK 74346-0308, Date:5/28/2022

Date: **5/28/2022**

Printed name of Authorized Officer or employee: **Jason Anderson**

Title or position of Authorized Officer or employee: **Controller/Co-Manager/1st Vice President**

Telephone number of Authorized Officer or employee: **918-253-4231**

Study Area Code of Reporting Carrier

**431994**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HINTON TELEPHONE CO.**

Signature of Authorized Officer or employee: **Kenneth Doughty**  
Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton telephone co.,l=Hinton OK 73047, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Kenneth Doughty**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **405-542-3262**

Study Area Code of Reporting Carrier

**431995**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MEDICINE PARK TELEPHONE CO.**

Signature of Authorized Officer or employee: **Dean Pennello**  
Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=medicine park telephone co.,l=Lawton OK 73502, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Dean Pennello**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **580-529-2700**

Study Area Code of Reporting Carrier

**432008**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **OKLAHOMA WESTERN TEL**

Signature of Authorized Officer or employee: **Dean Pennello**  
Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=oklahoma western telephone co.,l=Lawton OK 73502, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Dean Pennello**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **580-529-5000**

Study Area Code of Reporting Carrier

**432014**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **POTTAWATOMIE TEL CO**

Signature of Authorized Officer or employee: **Danny Overland**  
Digitally signed by Danny Overland DN:cn=Danny Overland,email=dan@goptc.net,O=pottawatomie telephone co.,l=Earlsboro OK 74840-0066, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Danny Overland**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **405-997-5201**

Study Area Code of Reporting Carrier

**432020**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SALINA-SPAVINAW TEL. CO.,INC.**

Signature of Authorized Officer or employee: **Scott Boone**

Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel. co.,inc.,l=Salina OK 74365, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Scott Boone**

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

Telephone number of Authorized Officer or employee: **918-434-8166**

Study Area Code of Reporting Carrier

**432022**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **KANOKLA SHIDLER**

Signature of Authorized Officer or employee: **Jill Kuehny**

Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ks,l=Caldwell KS 67022-0111, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Jill Kuehny**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier

**432023**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **TERRAL TEL. CO.**

Signature of Authorized Officer or employee: **Chad Segress**  
Digitally signed by Chad Segress DN:cn=Chad Segress,email=chad@wavelinx.com,O=terral tel. co.,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Chad Segress**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **405-609-7164**

Study Area Code of Reporting Carrier	<b>432029</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **VALLIANT TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Tommy Dorries**  
Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant telephone company,1=Valliant OK 74764, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Tommy Dorries**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **580-933-4400**

Study Area Code of Reporting Carrier

**432032**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **WYANDOTTE TEL CO**

Signature of Authorized Officer or employee: **Wendy Ottman**  
Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendy@missouricom.co,O=cleveland city tel. co.,l=Oregon MO 64473, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier	<b>432034</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **CAMERON TEL CO TEXAS**

Signature of Authorized Officer or employee: **Bruce Petry**

Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron telephone company - texas,l=Sulphur LA 70664-0167, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Bruce Petry**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **337-583-2092**

Study Area Code of Reporting Carrier

**440425**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BLOSSOM TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Clint Dorries**  
Digitally signed by Clint Dorries DN:cn=Clint Dorries,email=clint@blossomtel.net,O=blossom telephone company,/=Blossom TX 75416, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Clint Dorries**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **903-982-5200**

Study Area Code of Reporting Carrier

**442038**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **BIG BEND TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Rusty Moore**  
Digitally signed by Rusty Moore DN:cn=Rusty Moore,email=rusty.moore@bbtco.com,O=big bend telephone company inc., Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Rusty Moore**

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

Telephone number of Authorized Officer or employee: **432-364-0089**

Study Area Code of Reporting Carrier

**442039**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **BRAZORIA TEL. CO.**

Signature of Authorized Officer or employee: **Mark Garner**  
Digitally signed by Mark Garner DN:cn=Mark Garner,email=mark@btel.com,O=brazoria tel. co.,l=BRAZORIA TX 77422, Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Mark Garner**

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

Telephone number of Authorized Officer or employee: **979-798-2121**

Study Area Code of Reporting Carrier

**442040**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **CAP ROCK TELEPHONE COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **Jim Whitefield**  
Digitally signed by Jim Whitefield DN:cn=Jim Whitefield,email=advisory@caprock-spur.com,O=cap rock telephone cooperative, inc.,l=Spur TX 79370-0300, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Jim Whitefield**

Title or position of Authorized Officer or employee: **Executive Vice President/General Manager**

Telephone number of Authorized Officer or employee: **806-271-3336**

Study Area Code of Reporting Carrier	<b>442046</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **CENTRAL TEXAS TELEPHONE CO-OP. INC.**

Signature of Authorized Officer or employee: **Jamey Wigley**  
Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas telephone co-op. inc.,l=Goldthwaite TX 76844, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Jamey Wigley**

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

Telephone number of Authorized Officer or employee: **325-648-2237**

Study Area Code of Reporting Carrier

**442052**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **COLEMAN COUNTY TELEPHONE CO-OP. INC.**

Signature of Authorized Officer or employee: **Tim Humpert**

Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county telephone co-op. inc.,l=Santa Anna TX 76878, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Tim Humpert**

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

Telephone number of Authorized Officer or employee: **325-348-3124**

Study Area Code of Reporting Carrier

**442057**

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

**6/16/2022**

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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).

Name of Reporting Carrier				Colorado Valley Telephone Cooperative, Inc.	
Signature of authorized officer		<i>Kelly Allison</i>		Date	05/25/2022
Printed name of authorized officer		Kelly Allison			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		( 979 247 5911 ext. 1			
Study Area Code of Reporting Carrier	442059	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **COMMUNITY TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **Clifford Humpert**  
Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community telephone company, inc.,l=Windthorst TX 76389, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Clifford Humpert**

Title or position of Authorized Officer or employee: **President/General Manager**

Telephone number of Authorized Officer or employee: **940-423-6201**

Study Area Code of Reporting Carrier	<b>442061</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **CUMBY TELEPHONE COOPERATIVE INC.**

Signature of Authorized Officer or employee:	<b>Karen Zimmerman</b> Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karen@cumbytel.net,O=cumby telephone cooperative inc.,l=Cumby TX 75433, Date:5/31/2022	Date: <b>5/31/2022</b>
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Printed name of Authorized Officer or employee: **Karen Zimmerman**

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

Telephone number of Authorized Officer or employee: **903-994-2211**

Study Area Code of Reporting Carrier	<b>442065</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **DELL TEL. CO-OP - TX**

Signature of Authorized Officer or employee: **Marcy Guillen**  
Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delltelco.com,O=dell telephone co-op. inc. - tx,|=Dell City TX 79837, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Marcy Guillen**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **915-964-2352**

Study Area Code of Reporting Carrier	<b>442066</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **ELECTRA TELEPHONE CO**

Signature of Authorized Officer or employee: **Dean Pennello**  
Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=electra telephone company, inc.,l=Lawton OK 73502, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Dean Pennello**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **580-529-5000**

Study Area Code of Reporting Carrier

**442069**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **BORDER TO BORDER**

Signature of Authorized Officer or employee: **Dean Pennello**

Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=border to border communications,l=Lawton OK 73502, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Dean Pennello**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **580-529-5000**

Study Area Code of Reporting Carrier

**442073**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **GANADO TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Bill Rakowitz**  
Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado telephone company inc.,l=Ganado TX 77962-0329, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Bill Rakowitz**

Title or position of Authorized Officer or employee: **VP - Regulatory & Compliance**

Telephone number of Authorized Officer or employee: **361-771-3331**

Study Area Code of Reporting Carrier

**442076**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **HILL COUNTRY TELEPHONE COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **R. Cook**

Digitally signed by R. Cook DN:cn=R.  
 Cook,email=ccook@hctc.coop,O=hill country telephone  
 cooperative, inc.,I=Ingram TX 78025, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **R. Cook**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **830-367-5333**

Study Area Code of Reporting Carrier

**442086**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **ALENCO COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Ray Bussell**  
Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communications, inc.,l=Joshua TX 76058, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Ray Bussell**

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

Telephone number of Authorized Officer or employee: **817-447-0127**

Study Area Code of Reporting Carrier

**442090**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ETS TEL. CO., INC.**

Signature of Authorized Officer or employee: **Sam Luxton**  
Digitally signed by Sam Luxton DN:cn=Sam Luxton,email=sluxton@entouchsystems.net,O=ets telephone company, inc., Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Sam Luxton**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **281-225-0501**

Study Area Code of Reporting Carrier

**442091**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LA WARD TELEPHONE EXCHANGE INC.**

Signature of Authorized Officer or employee: **Terri Parker**

Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward telephone exchange inc.,l=La Ward TX 77970-0246, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Terri Parker**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **361-872-2211**

Study Area Code of Reporting Carrier

**442103**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: LAKE LIVINGSTON TEL. CO.

Signature of Authorized Officer or employee: **William Whitten**  
Digitally signed by William Whitten DN:cn=William Whitten,email=hubw@livingston.net,O=lake livingston tel. co.,l= , Date:5/23/2022

Date: 5/23/2022

Printed name of Authorized Officer or employee: William Whitten

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 936-566-4000

Study Area Code of Reporting Carrier	442104		Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **LIPAN TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Beth Howard**  
Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan telephone company,l=Lipan TX 76462, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Beth Howard**

Title or position of Authorized Officer or employee: **Sec / Treasurer**

Telephone number of Authorized Officer or employee: **254-646-2211**

Study Area Code of Reporting Carrier

**442105**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MUENSTER TEL. CORP. OF TX DBA NORTEX COMM.**

Signature of Authorized Officer or employee: **Alan Rohmer**

Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=Muenster tel. corp. of tx dba nortex comm.,l=Muenster TX 76252, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Alan Rohmer**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **940-759-2251**

Study Area Code of Reporting Carrier

**442116**

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

**6/16/2022**

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.

**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).

Name of Reporting Carrier				Peoples Telephone Cooperative, Inc.	
Signature of authorized officer		<i>Scott Thompson</i>		Date	05/31/2022
Printed name of authorized officer		Scott Thompson			
Title or position of authorized officer		CEO/General Manager			
Telephone number of authorized officer:		(903) 878-3149			
Study Area Code of Reporting Carrier	442130	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022		
<p>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.</p>					

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).

Name of Reporting Carrier: **POKA-LAMBRO TELEPHONE COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **Patrick Sherrill**  
Digitally signed by Patrick Sherrill DN:cn=Patrick Sherrill,email=psherrill@teampoka.com,O=poka-lambro telephone cooperative, inc., Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Patrick Sherrill**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **806-924-7234**

Study Area Code of Reporting Carrier	<b>442131</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier				Riviera Telephone Company, Inc	
Signature of authorized officer		<i>Billy Colston, III</i>		Date	5-23-2022
Printed name of authorized officer		Billy Colston, III			
Title or position of authorized officer		General Manager/Vice President			
Telephone number of authorized officer: ( 361) 296- 3232 , ext.					
Study Area Code of Reporting Carrier		442134	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022	
<p>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.</p>					

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).

Name of Reporting Carrier: **SOUTH PLAINS TEL. COOP.,INC.**

Signature of Authorized Officer or employee: **Wade Maner**  
Digitally signed by Wade Maner DN:cn=Wade Maner,email=wade.maner@sptc.net,O=south plains tel. coop.,inc.,l=Lubbock TX 79408-1379, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Wade Maner**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **806-763-2301**

Study Area Code of Reporting Carrier

**442143**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **TATUM TEL CO**

Signature of Authorized Officer or employee: **Dean Pennello**  
Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=dean.pennello@hillcom.net,O=electra telephone company, inc.,l=Lawton OK 73502, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Dean Pennello**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **580-529-5000**

Study Area Code of Reporting Carrier

**442150**

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

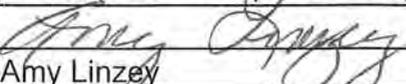
**6/16/2022**

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.

**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).

Name of Reporting Carrier				West Texas Rural Telephone Cooperative, Inc.	
Signature of authorized officer				Date	05/18/2022
Printed name of authorized officer		Amy Linzey			
Title or position of authorized officer		Chief Executive Officer			
Telephone number of authorized officer:		(806) 364-3331			
Study Area Code of Reporting Carrier	442166	Filing Due Date for this form (mm/dd/yyyy)	June 16 2022		
<p>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.</p>					

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).

Name of Reporting Carrier: **XIT RURAL TELEPHONE CO-OP. INC.**

Signature of Authorized Officer or employee: **Thomas Hyer**  
Digitally signed by Thomas Hyer DN:cn=Thomas Hyer,email=ahyer@xitcomm.net,O=xit rural telephone co-op. inc.,l=Dalhart TX 79022, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Thomas Hyer**

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

Telephone number of Authorized Officer or employee: **806-384-7502**

Study Area Code of Reporting Carrier

**442170**

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

**6/16/2022**

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.

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier <b>ENMR Telephone Cooperative</b>			
Signature of authorized officer 		Date	<b>5/26/2022</b>
Printed name of authorized officer <b>David J. Robinson</b>			
Title or position of authorized officer <b>Chief Executive Officer</b>			
Telephone number of authorized officer: <b>(575) 389-5100</b>			
Study Area Code of Reporting Carrier	<b>442262</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2022</b>
<p>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.</p>			

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).			
Name of Reporting Carrier	Hopi Telecommunications Inc		
Signature of authorized officer		Date	05/20/2022
Printed name of authorized officer	Carroll Onsaie		
Title or position of authorized officer	President/General Manager		
Telephone number of authorized officer	928 522 8428 ext		
Study Area Code of Reporting Carrier	450815	Filing Due Date for this form (mm/dd/yyyy)	June 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.			

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).

Name of Reporting Carrier: **SAN CARLOS APACHE TELECOMM. UTILITY, INC.**

Signature of Authorized Officer or employee: **Shirley Ortiz**  
Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache telecomm. utility, inc.,I=Peridot AZ 85542, Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Shirley Ortiz**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **928-475-7058**

Study Area Code of Reporting Carrier

**452169**

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

**6/16/2022**

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.

**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).

Name of Reporting Carrier				Tohono O'Odham Utility Authority			
Signature of authorized officer		<i>Harriet Toro</i>		Date		5/27/22	
Printed name of authorized officer				Harriet Toro			
Title or position of authorized officer				Chairwoman of the Board			
Telephone number of authorized officer:				(520) 240-7400 ext.			
Study Area Code of Reporting Carrier		452173		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022	
<p>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.</p>							

**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).

Name of Reporting Carrier <b>Vall... Telephone Cooperative, Inc. - AZ</b>			
Signature of authorized officer	<i>T. Add</i>	Date	5/26/2022
Printed name of authorized officer			
Title or position of authorized officer <b>CFO</b>			
Telephone number of authorized officer: <b>(520) 384-8934</b>			
Study Area Code of Reporting Carrier	<b>452176</b>	Filing Due Date for this form (mm/dd/yyyy)	June 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.</b>			

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).

Name of Reporting Carrier: **GILA RIVER TELECOMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **James Meyers**  
Digitally signed by James Meyers DN:cn=James Meyers,email=jmeyers@gilarivertel.com,O=gila river telecommunications, inc., Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **James Meyers**

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

Telephone number of Authorized Officer or employee: **520-796-8885**

Study Area Code of Reporting Carrier

**452179**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FORT MOJAVE TELECOMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Michael Scully**  
Digitally signed by Michael Scully DN:cn=Michael Scully,email=mscully@ftmojave.net,O=fort mojave telecommunications, inc., Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Michael Scully**

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

Telephone number of Authorized Officer or employee: **928-346-2523**

Study Area Code of Reporting Carrier

**452200**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MIDVALE-AZ**

Signature of Authorized Officer or employee: **John Stuart**

Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale telephone exchange, inc.-arizona,l=Midvale ID 83645, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **John Stuart**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **208-355-2211**

Study Area Code of Reporting Carrier

**452226**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **TABLE TOP TEL CO**

Signature of Authorized Officer or employee: **Rick Williams**  
Digitally signed by Rick Williams DN:cn=Rick Williams,email=rickw@ponderosatel.com,O=table top telephone company, inc., Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Rick Williams**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **559-868-6392**

Study Area Code of Reporting Carrier

**453334**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **AGATE MUTUAL TELEPHONE COOPERATIVE ASSOC.**

Signature of Authorized Officer or employee: **Judy Hollembeak**  
Digitally signed by Judy Hollembeak DN:cn=Judy Hollembeak,email=amtca@amtca.net,O=agate mutual telephone cooperative assoc.,l=Agate CO 80101, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Judy Hollembeak**

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

Telephone number of Authorized Officer or employee: **719-764-2578**

Study Area Code of Reporting Carrier

**462178**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BIJOU TEL COOPERATIVE ASSOC. INC**

Signature of Authorized Officer or employee: **Brian Creveling**  
Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel cooperative assoc. inc,l= , Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Brian Creveling**

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

Telephone number of Authorized Officer or employee: **303-822-5400**

Study Area Code of Reporting Carrier

**462181**

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

**6/16/2022**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **BLANCA TELEPHONE COMPANY DBA BLANCA NETWORKS**

Signature of Authorized Officer or employee: **Alan Wehe**

Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca telephone company dba blanca networks,l=Alamosa CO 81101, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Alan Wehe**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **719-379-3839**

Study Area Code of Reporting Carrier

**462182**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **EASTERN SLOPE RURAL TEL ASSN INC**

Signature of Authorized Officer or employee: **Patricia White**  
Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.com,O=eastern slope rural tel assn inc,I=Hugo CO 80821-0397, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Patricia White**

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

Telephone number of Authorized Officer or employee: **719-743-2441**

Study Area Code of Reporting Carrier	<b>462186</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **FARMERS TEL CO, INC. - COLORADO**

Signature of Authorized Officer or employee: **Terry Hinds**

Digitally signed by Terry Hinds DN:cn=Terry Hinds,email=thinds@farmerstelcom.com,O=farmers tel co, inc. - colorado,l=Pleasant View CO 81331-0369, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Terry Hinds**

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

Telephone number of Authorized Officer or employee: **970-562-4211**

Study Area Code of Reporting Carrier

**462188**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HAXTUN TEL CO**

Signature of Authorized Officer or employee: **Adam Dixon**  
Digitally signed by Adam Dixon DN:cn=Adam Dixon,email=adixon@townes.net,O=pymatuning ind. tel. co.,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Adam Dixon**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **870-921-5757**

Study Area Code of Reporting Carrier

**462190**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **NUNN TEL. COMPANY**

Signature of Authorized Officer or employee: **Adam Rislov**  
Digitally signed by Adam Rislov DN:cn=Adam Rislov,email=rislova@ezlink.com,O=nunn tel. company,l=Nunn CO 80648, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Adam Rislov**

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

Telephone number of Authorized Officer or employee: **970-897-2200**

Study Area Code of Reporting Carrier

**462194**

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

**6/16/2022**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **SOUTH PARK TEL. CO.**

Signature of Authorized Officer or employee: **Deborah Rand**  
Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c., Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Deborah Rand**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-472-9786**

Study Area Code of Reporting Carrier

**462195**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **PEETZ COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Kathy Glassburn**  
Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=kathy@peetzplace.com,O=peetz coop. tel. co.,l=Peetz CO 80747, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Kathy Glassburn**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **970-334-2220**

Study Area Code of Reporting Carrier	<b>462196</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **PINE DRIVE TEL. CO.**

Signature of Authorized Officer or employee: **Matthew Sellers**  
Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel. co.,l=Beulah CO 81023, Date:5/21/2022

Date: **5/21/2022**

Printed name of Authorized Officer or employee: **Matthew Sellers**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **719-485-3400**

Study Area Code of Reporting Carrier	<b>462198</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **PLAINS COOPERATIVE TEL. ASSOC. INC.**

Signature of Authorized Officer or employee: **Ronny Puckett**  
Digitally signed by Ronny Puckett DN:cn=Ronny Puckett,email=ronnypuckett@plainstel.com,O=plains cooperative tel. assoc. inc.,l=Joes CO 80822, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Ronny Puckett**

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

Telephone number of Authorized Officer or employee: **970-358-4211**

Study Area Code of Reporting Carrier

**462199**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **RICO TEL CO**

Signature of Authorized Officer or employee: **Jeremy Smith**  
Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=star tel. co.,inc.,l=Rockland ID 83271, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Jeremy Smith**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier	<b>462201</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **ROGGEN TELEPHONE COOPERATIVE CO.**

Signature of Authorized Officer or employee: **Peggy Manino**  
Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen telephone cooperative co.,l=Roggen CO 80652-0100, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Peggy Manino**

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

Telephone number of Authorized Officer or employee: **303-849-5260**

Study Area Code of Reporting Carrier	<b>462202</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **RYE TELEPHONE CO**

Signature of Authorized Officer or employee: **Deborah Rand**  
Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c.,l= , Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Deborah Rand**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-472-9786**

Study Area Code of Reporting Carrier

**462203**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **STONEHAM COOPERATIVE TEL. CO.**

Signature of Authorized Officer or employee: **Aimee Dollerschell**  
Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=aimeed@stonehamtel.com,O=stoneham cooperative tel. co.,l=Stoneham CO 80754, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Aimee Dollerschell**

Title or position of Authorized Officer or employee: **CEO/Manager**

Telephone number of Authorized Officer or employee: **970-735-2251**

Study Area Code of Reporting Carrier

**462206**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **WIGGINS TEL. ASSOC.**

Signature of Authorized Officer or employee: **Terry Hendrickson**  
Digitally signed by Terry Hendrickson DN:cn=Terry Hendrickson,email=terry@wiginstel.com,O=wiggins tel. assoc.,l=Wiggins CO 80654-0690, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Terry Hendrickson**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **970-483-7343**

Study Area Code of Reporting Carrier	<b>462209</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **WILLARD TEL. CO.**

Signature of Authorized Officer or employee: **Aimee Dollerschell**  
Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel. co.,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Aimee Dollerschell**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **970-228-4571**

Study Area Code of Reporting Carrier

**462210**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **ALBION TEL. CO. D/B/A ATC COMMUNICATIONS**

Signature of Authorized Officer or employee: <b>Rich Redman</b>	Digitally signed by Rich Redman DN:cn=Rich Redman,email=rredman@atcomm.com,O=albion tel. co. d/b/a atc communications,l=Albion ID 83311, Date:5/18/2022	Date: <b>5/18/2022</b>
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Printed name of Authorized Officer or employee: **Rich Redman**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **208-673-5335**

Study Area Code of Reporting Carrier	<b>472213</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **CUSTER TEL. COOPERATIVE INC.**

Signature of Authorized Officer or employee: **James Bennetts**  
Digitally signed by James Bennetts DN:cn=James Bennetts,email=jd.bennetts@custerel.com,O=custer tel. cooperative inc.,l=Challis ID 83226, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **James Bennetts**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **208-879-2281**

Study Area Code of Reporting Carrier	<b>472218</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **FILER MUT-ID/TRULEAP**

Signature of Authorized Officer or employee: **Bob Kraut**

Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel. company-id dba truleap tech,I=Filer ID 83328-0089, Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Bob Kraut**

Title or position of Authorized Officer or employee: **General Manager/COO**

Telephone number of Authorized Officer or employee: **208-326-4330**

Study Area Code of Reporting Carrier

**472220**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **FARMERS MUTUAL TEL CO LTD. - ID**

Signature of Authorized Officer or employee: <b>Ronald Rembelski</b>	Digitally signed by Ronald Rembelski DN:cn=Ronald Rembelski,email=ron.r@fmtc.com,O=farmers mutual tel co ltd. - id,j=Fruitland ID 83619, Date:5/17/2022	Date: <b>5/17/2022</b>
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Printed name of Authorized Officer or employee: **Ronald Rembelski**

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

Telephone number of Authorized Officer or employee: **208-452-2000**

Study Area Code of Reporting Carrier	<b>472221</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **MIDVALE TEL EXCH INC**

Signature of Authorized Officer or employee: **John Stuart**

Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale telephone exchange, inc.-arizona,l=Midvale ID 83645, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **John Stuart**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **208-355-2211**

Study Area Code of Reporting Carrier

**472226**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				Mud Lake Telephone Cooperative			
Signature of authorized officer			Date		5-31-22		
Printed name of authorized officer				Valeri Steigerwald			
Title or position of authorized officer				GM			
Telephone number of authorized officer:				283745401			
Study Area Code of Reporting Carrier		472227		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022	
<p>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.</p>							

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).

Name of Reporting Carrier: **PROJECT MUTUAL TEL. COOP. ASSN.**

Signature of Authorized Officer or employee: **Rick Harder**

Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel. coop. assn.,l= , Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Rick Harder**

Title or position of Authorized Officer or employee: **CFO/Treasurer**

Telephone number of Authorized Officer or employee: **208-434-7124**

Study Area Code of Reporting Carrier

**472231**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **DIRECT COMM-ROCKLAND**

Signature of Authorized Officer or employee: **Timothy May**  
Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Timothy May**

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

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

**472232**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				Rural Telephone Company ID	
Signature of authorized officer			Date		05/25/2022
Printed name of authorized officer					
Michael J. Martell					
Title or position of authorized officer					
Vice-President					
Telephone number of authorized officer: (208) 366-2614					
Study Area Code of Reporting Carrier		472233	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier: **INLAND TELEPHONE COMPANY - ID**

Signature of Authorized Officer or employee: **James Brooks**  
Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - id,l=Roslyn WA 98941, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **James Brooks**

Title or position of Authorized Officer or employee: **Treasurer/Controller/Reg. Manager**

Telephone number of Authorized Officer or employee: **509-649-2211**

Study Area Code of Reporting Carrier

**472423**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **LINCOLN TEL. CO. INC.**

Signature of Authorized Officer or employee: **Bryce Daniel**  
Digitally signed by Bryce Daniel DN:cn=Bryce Daniel,email=bryced@lincel.net,O=lincoln tel. co. inc.,l= , Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Bryce Daniel**

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

Telephone number of Authorized Officer or employee: **406-362-4216**

Study Area Code of Reporting Carrier

**482244**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **NORTHERN TEL. COOP INC.- MT**

Signature of Authorized Officer or employee: **Aimee Dietrich**  
Digitally signed by Aimee Dietrich DN:cn=Aimee Dietrich,email=adietrich@northermtel.net,O=northern tel. coop inc.- mt,l=Sunburst MT 59482. Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Aimee Dietrich**

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

Telephone number of Authorized Officer or employee: **406-937-2114**

Study Area Code of Reporting Carrier	<b>482248</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **RANGE TEL COOP-MT**

Signature of Authorized Officer or employee: **Gail Rainey**

Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=dubois telephone exchange inc.,l=Forsyth MT 59327, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Gail Rainey**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **406-347-2859**

Study Area Code of Reporting Carrier

**482251**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **SOUTHERN MONTANA TEL. CO.**

Signature of Authorized Officer or employee: **Doran Fluckiger**  
Digitally signed by Doran Fluckiger DN:cn=Doran Fluckiger,email=doran@smtel.com,O=southern montana tel. co.,l=Wisdom MT 59761, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Doran Fluckiger**

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

Telephone number of Authorized Officer or employee: **406-689-3333**

Study Area Code of Reporting Carrier

**482254**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **TRIANGLE TEL. COOPERATIVE ASSN. INC.**

Signature of Authorized Officer or employee: **Craig Gates**  
Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle tel. cooperative assn. inc.,l=Havre MT 59501, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Craig Gates**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **406-394-7807**

Study Area Code of Reporting Carrier

**482257**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SIYEH COMMUNICATIONS**

Signature of Authorized Officer or employee: **Mike Sheard**

Digitally signed by Mike Sheard DN:cn=Mike Sheard,email=gm@siycom.com,O=siyeh communications,l=Browning MT 59417, Date:6/13/2022

Date: **6/13/2022**

Printed name of Authorized Officer or employee: **Mike Sheard**

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

Telephone number of Authorized Officer or employee: **406-594-9661**

Study Area Code of Reporting Carrier

**482485**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **TRIANGLE TELEPHONE COOPERATIVE ASSN.,INC.-CMC**

Signature of Authorized Officer or employee: **Craig Gates**

Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle telephone cooperative assn.,inc.-cmc,l=Havre MT 59501, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Craig Gates**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **406-394-7807**

Study Area Code of Reporting Carrier

**483310**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				Mescalero Apache Telecom, Inc.	
Signature of authorized officer				Date	5/24/22
Printed name of authorized officer		Godfrey Enjady			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(575) 464-4039			
Study Area Code of Reporting Carrier	491231	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier: **DELL TEL CO-OP - NM**

Signature of Authorized Officer or employee: **Marcy Guillen**  
Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delltelco.com,O=dell telephone co-op. inc. - tx,|=Dell City TX 79837, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Marcy Guillen**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **915-964-2352**

Study Area Code of Reporting Carrier

**492066**

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

**6/16/2022**

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**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).

Name of Reporting Carrier Valley Telephone Cooperative, Inc. - NM

Signature of authorized officer *T. Add* Date 5/26/2022

Printed name of authorized officer T. Add

Title or position of authorized officer CFO

Telephone number of authorized officer: (520) 384-8934

Study Area Code of Reporting Carrier 492176 Filing Due Date for this form (mm/dd/yyyy) June 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.**

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).

Name of Reporting Carrier: **BACA VALLEY TEL. CO.**

Signature of Authorized Officer or employee: **Paul Briesh**

Digitally signed by Paul Briesh DN:cn=Paul Briesh,email=paulbvt@bacavalley.net,O=baca valley tel. co.,l=Des Moines NM 88418, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Paul Briesh**

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

Telephone number of Authorized Officer or employee: **575-278-2101**

Study Area Code of Reporting Carrier

**492259**

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

**6/16/2022**

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.

**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).

Name of Reporting Carrier				ENMR Telephone Cooperative	
Signature of authorized officer				Date	5/26/2022
Printed name of authorized officer		David J. Robinson			
Title or position of authorized officer		Chief Executive Officer			
Telephone number of authorized officer:		(575) 389-5100			
Study Area Code of Reporting Carrier	492262	Filing Due Date for this form (mm/dd/yyyy)	June 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.

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).

Name of Reporting Carrier: **LA JICARITA RURAL TEL. COOP. INC.**

Signature of Authorized Officer or employee: **Danny Gray**

Digitally signed by Danny Gray DN:cn=Danny Gray,email=dgray@lajicarita.com,O=la jicarita rural tel. coop. inc.,l=Mora NM 87732-0269, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Danny Gray**

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

Telephone number of Authorized Officer or employee: **575-387-2216**

Study Area Code of Reporting Carrier	<b>492263</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **LEACO RURAL TEL. COOPERATIVE INC.**

Signature of Authorized Officer or employee: **David Jimenez**  
Digitally signed by David Jimenez DN:cn=David Jimenez,email=djimenez@leaco.org,O=leaco rural tel. cooperative inc., Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **David Jimenez**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **575-370-5010**

Study Area Code of Reporting Carrier	<b>492264</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **Tularosa Basin Telephone Company, Inc.**

Signature of Authorized Officer or employee: **Joshua Beug**  
Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbc.net,O=tularosa basin telephone company, inc., Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Joshua Beug**

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

Telephone number of Authorized Officer or employee: **575-585-0125**

Study Area Code of Reporting Carrier

**492265**

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

**6/16/2022**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **WESTERN NEW MEXICO**

Signature of Authorized Officer or employee: **Daniel Meszler**  
Digitally signed by Daniel Meszler DN:cn=Daniel Meszler,email=dmeszler@wnmt.com,O=western new mexico tel. co., inc.,l=Silver City NM 88061, Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Daniel Meszler**

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

Telephone number of Authorized Officer or employee: **575-388-2546**

Study Area Code of Reporting Carrier

**492268**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PENASCO VALLEY TEL. COOPERATIVE INC.**

Signature of Authorized Officer or employee: **Kurt Garrard**  
Digitally signed by Kurt Garrard DN:cn=Kurt Garrard,email=kgarrard@pvt.com,O=penasco valley tel. cooperative inc., Date:5/30/2022

Date: **5/30/2022**

Printed name of Authorized Officer or employee: **Kurt Garrard**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **575-748-1241**

Study Area Code of Reporting Carrier

**492270**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ROOSEVELT COUNTY RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Cecile Archibeque**  
Digitally signed by Cecile Archibeque DN: cn=Cecile Archibeque, email=cecile@yuccatelecom.com, O=roosevelt county rural tel. coop., inc., l=Portales NM 88130-0867, Date: 5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Cecile Archibeque**

Title or position of Authorized Officer or employee: **General Manager/EO**

Telephone number of Authorized Officer or employee: **575-226-2255**

Study Area Code of Reporting Carrier

**492272**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **SACRED WIND COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Terry Clark**  
Digitally signed by Terry Clark DN:cn=Terry Clark,email=tclark@sacredwindnm.com,O=sacred wind communications, inc.,l= , Date:5/23/2022

Date: **5/23/2022**

Printed name of Authorized Officer or employee: **Terry Clark**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **505-908-2661**

Study Area Code of Reporting Carrier

**493403**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **DIRECTCOMM-CEDAR VAL**

Signature of Authorized Officer or employee: **Kip Wilson**

Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=direct communications cedar valley, llc,l=Rockland ID 83271, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Kip Wilson**

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

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

**500758**

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

**6/16/2022**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **CENTRAL UTAH TEL INC**

Signature of Authorized Officer or employee: **Mike Plows**  
Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=central utah tel. inc.,l= , Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Mike Plows**

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

Telephone number of Authorized Officer or employee: **702-396-0151**

Study Area Code of Reporting Carrier

**502277**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **GUNNISON TEL. CO.**

Signature of Authorized Officer or employee: **Natalie Gleave**  
Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel. co.,l=Gunnison UT 84634, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Natalie Gleave**

Title or position of Authorized Officer or employee: **Controller/Director**

Telephone number of Authorized Officer or employee: **435-528-7236**

Study Area Code of Reporting Carrier

**502279**

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

**6/16/2022**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **MANTI TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Dallas Cox**

Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti telephone company,l= , Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Dallas Cox**

Title or position of Authorized Officer or employee: **Vice President and General Manager**

Telephone number of Authorized Officer or employee: **435-835-3391**

Study Area Code of Reporting Carrier

**502282**

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

**6/16/2022**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **SKYLINE TELECOM**

Signature of Authorized Officer or employee: **Mike Plows**

Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=skyline telecom,l= , Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Mike Plows**

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

Telephone number of Authorized Officer or employee: **702-396-0151**

Study Area Code of Reporting Carrier

**502283**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **BEEHIVE TEL CO - UT**

Signature of Authorized Officer or employee: **Larry Mason**  
Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone co., inc., ut,L=Lake Point UT 84074, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Larry Mason**

Title or position of Authorized Officer or employee: **Senior Vice President Regulatory Affairs**

Telephone number of Authorized Officer or employee: **435-837-6000**

Study Area Code of Reporting Carrier

**502284**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **BEAR LAKE COMM**

Signature of Authorized Officer or employee: **Mike Plows**

Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=bear lake communications,l= , Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Mike Plows**

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

Telephone number of Authorized Officer or employee: **702-396-0151**

Study Area Code of Reporting Carrier

**503032**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **RANGE TEL COOP - WY**

Signature of Authorized Officer or employee: <b>Gail Rainey</b>	Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=dubois telephone exchange inc.,l=Forsyth MT 59327, Date:5/18/2022	Date: <b>5/18/2022</b>
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Printed name of Authorized Officer or employee: **Gail Rainey**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **406-347-2859**

Study Area Code of Reporting Carrier	<b>512251</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **DUBOIS TEL EXCHANGE**

Signature of Authorized Officer or employee: **Gail Rainey**

Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=dubois telephone exchange inc.,l=Forsyth MT 59327, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Gail Rainey**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **406-347-2859**

Study Area Code of Reporting Carrier

**512291**

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

**6/16/2022**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **WESTGATE COMMUNICATIONS LLC dba WEAATEL**

Signature of Authorized Officer or employee: **Richard Weaver**

Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=richard@weavnet.com,O=westgate communications llc dba weavtel,l=Wenatchee WA 98807, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Richard Weaver**

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

Telephone number of Authorized Officer or employee: **509-682-5556**

Study Area Code of Reporting Carrier

**520580**

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

**6/16/2022**

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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **SKYLINE TELECOM COMPANY**

Signature of Authorized Officer or employee: **Delinda Kluser**  
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

**520581**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **HAT ISLAND TEL CO**

Signature of Authorized Officer or employee: **Gary Ricketts**  
Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Gary Ricketts**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **360-321-0051**

Study Area Code of Reporting Carrier

**522417**

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

**6/16/2022**

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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).

Name of Reporting Carrier				Pend Oreille Telephone Company	
Signature of authorized officer			Date		05/25/2022
Printed name of authorized officer				Michael J. Martell	
Title or position of authorized officer				Vice-President	
Telephone number of authorized officer:				(208) 366-2614	
Study Area Code of Reporting Carrier		522418	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier: **HOOD CANAL TELEPHONE COMPANY**

Signature of Authorized Officer or employee: <b>Richard Buechel</b>	Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal telephone company,l=Union WA 98592, Date:5/17/2022	Date: <b>5/17/2022</b>
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Printed name of Authorized Officer or employee: **Richard Buechel**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **360-898-2481**

Study Area Code of Reporting Carrier	<b>522419</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **INLAND TELEPHONE COMPANY - WA**

Signature of Authorized Officer or employee: **James Brooks**  
Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - wa,l=Roslyn WA 98941, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **James Brooks**

Title or position of Authorized Officer or employee: **Treasurer/Controller/Reg. Manager**

Telephone number of Authorized Officer or employee: **509-649-2211**

Study Area Code of Reporting Carrier	<b>522423</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **KALAMA TEL CO**

Signature of Authorized Officer or employee: **Rick Vitzthum**  
Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,l=Tenino WA 98589, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Rick Vitzthum**

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

Telephone number of Authorized Officer or employee: **360-264-3155**

Study Area Code of Reporting Carrier

**522426**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MASHELL TELECOM INC.**

Signature of Authorized Officer or employee: **Brian Haynes**  
Digitally signed by Brian Haynes DN:cn=Brian Haynes,email=brian.haynes@rainierconnect.net,O=mashell telecom inc.,l=Eatonville WA 98328, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Brian Haynes**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **360-892-4130**

Study Area Code of Reporting Carrier

**522431**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PIONEER TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Dallas Filan**  
Digitally signed by Dallas Filan DN:cn=Dallas Filan,email=dfilan@pionnet.com,O=pioneer telephone company,l=Lacrosse WA 99143, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Dallas Filan**

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

Telephone number of Authorized Officer or employee: **509-549-3511**

Study Area Code of Reporting Carrier

**522437**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ST. JOHN TELEPHONE, INC.**

Signature of Authorized Officer or employee: **Joseph Dennis**  
Digitally signed by Joseph Dennis DN:cn=Joseph Dennis,email=joe@stjohncable.com,O=st. john telephone, inc.,l=Saint John WA 99171-0268, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Joseph Dennis**

Title or position of Authorized Officer or employee: **VP of Operations-Outside Plant**

Telephone number of Authorized Officer or employee: **509-648-3322**

Study Area Code of Reporting Carrier

**522442**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **TENINO TELEPHONE CO**

Signature of Authorized Officer or employee: **Rick Vitzthum**  
Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,l=Tenino WA 98589, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Rick Vitzthum**

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

Telephone number of Authorized Officer or employee: **360-264-3155**

Study Area Code of Reporting Carrier	<b>522446</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **TOLEDO TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Philip Cappalonga**  
Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.net,O=toledo telephone company inc.,l= , Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Philip Cappalonga**

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

Telephone number of Authorized Officer or employee: **360-864-2004**

Study Area Code of Reporting Carrier

**522447**

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

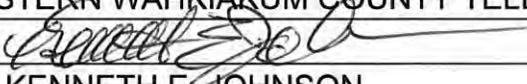
**6/16/2022**

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.

**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).

Name of Reporting Carrier				WESTERN WAHKIAKUM COUNTY TELEPHONE COMPANY			
Signature of authorized officer					Date		05/18/2022
Printed name of authorized officer				KENNETH E. JOHNSON			
Title or position of authorized officer				CEO			
Telephone number of authorized officer:				(360) 465-2211 <sub>ext.</sub>			
Study Area Code of Reporting Carrier		522451		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022	
<p>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.</p>							

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).

Name of Reporting Carrier: **WHIDBEY TEL CO.**

Signature of Authorized Officer or employee: **Gary Ricketts**  
Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Gary Ricketts**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **360-321-0051**

Study Area Code of Reporting Carrier

**522452**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **BEAVER CREEK COOPERATIVE TEL. CO.**

Signature of Authorized Officer or employee: **Paul Hauer**

Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=beaver creek cooperative tel. co.,l=Mt. Angel OR 97362, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Paul Hauer**

Title or position of Authorized Officer or employee: **CEO/President**

Telephone number of Authorized Officer or employee: **503-845-4433**

Study Area Code of Reporting Carrier

**532359**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CLEAR CREEK MUTUAL TELEPHONE CO.**

Signature of Authorized Officer or employee: **Jason Henke**  
Digitally signed by Jason Henke DN:cn=Jason Henke,email=jhenke@clearcreek.coop,O=clear creek mutual telephone co.,l= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Jason Henke**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **503-631-2101**

Study Area Code of Reporting Carrier

**532363**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **COLTON TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Geri Fraijo**

Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=geri@coltontel.com,O=colton telephone company,l=Colton OR 97017, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Geri Fraijo**

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

Telephone number of Authorized Officer or employee: **503-824-3211**

Study Area Code of Reporting Carrier

**532364**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **EAGLE TELEPHONE SYSTEM INC.**

Signature of Authorized Officer or employee: **Mike Lattin**

Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle telephone system inc.,l=Richland OR 97870, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Mike Lattin**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **541-893-6111**

Study Area Code of Reporting Carrier

**532369**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CASCADE UTIL INC**

Signature of Authorized Officer or employee: **Brooke Wheeler**  
Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier

**532371**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **GERVAIS TELEPHONE COMPANY DBA DATAVISION**

Signature of Authorized Officer or employee: **Renee Willer**  
Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais telephone company dba datavision,I=Gervais OR 97026, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Renee Willer**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **503-792-5500**

Study Area Code of Reporting Carrier

**532373**

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

**6/16/2022**

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.

**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).

Name of Reporting Carrier				Roome Telecommunications Inc	
Signature of authorized officer		<i>Ronald L. Roome</i>		Date	5-25-22
Printed name of authorized officer		Ronald L Roome			
Title or position of authorized officer		President			
Telephone number of authorized officer: (541) 369-2211					
Study Area Code of Reporting Carrier	532375	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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).

Name of Reporting Carrier: **HELIX TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Delinda Kluser**  
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=helix telephone company,l=Mt. Vernon OR 97865-0609, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

**532376**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **HOME TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Delinda Kluser**  
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=home telephone company,l=Mt. Vernon OR 97865-0609, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

**532377**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **TRANS-CASCADES TEL**

Signature of Authorized Officer or employee: **Brooke Wheeler**  
Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier

**532378**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MOLALLA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: <b>Terry Simms</b>	Digitally signed by Terry Simms DN:cn=Terry Simms,email=TSimms@molalla.com,O=molalla telephone company,l= , Date:5/17/2022	Date: <b>5/17/2022</b>
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Printed name of Authorized Officer or employee: **Terry Simms**

Title or position of Authorized Officer or employee: **Vice President/CFO**

Telephone number of Authorized Officer or employee: **503-829-1122**

Study Area Code of Reporting Carrier	<b>532383</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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).

Name of Reporting Carrier: **MONITOR COOPERATIVE TELEPHONE CO**

Signature of Authorized Officer or employee: **Geri Fraijo**

Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor cooperative telephone co,l= , Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Geri Fraijo**

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

Telephone number of Authorized Officer or employee: **503-634-2266**

Study Area Code of Reporting Carrier

**532384**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **MONROE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **David Mills**  
Digitally signed by David Mills DN:cn=David Mills,email=NECAaffairs@monroetel.com,O=monroe telephone company,l=Monroe OR 97456-0130, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **David Mills**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **541-847-5135**

Study Area Code of Reporting Carrier

**532385**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **CANBY-MT ANGEL**

Signature of Authorized Officer or employee: **Paul Hauer**

Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby telephone association (mt. angel),l=Mt. Angel OR 97362, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Paul Hauer**

Title or position of Authorized Officer or employee: **CEO/President**

Telephone number of Authorized Officer or employee: **503-632-6314**

Study Area Code of Reporting Carrier

**532386**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier				Nehalem Telecommunications Inc.			
Signature of authorized officer					Date		05/25/2022
Printed name of authorized officer			Michael J. Martell				
Title or position of authorized officer			Vice-President				
Telephone number of authorized officer:			(208) 366-2614				
Study Area Code of Reporting Carrier		532387	Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022		
<p>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.</p>							

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).

Name of Reporting Carrier: **NORTH STATE TELEPHONE COMPANY - OR**

Signature of Authorized Officer or employee: **Delinda Kluser**  
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=north state telephone company - or,lc=Mt. Vernon OR 97865-0609, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

**532388**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **OREGON TELEPHONE CORPORATION**

Signature of Authorized Officer or employee: **Delinda Kluser**  
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=oregon telephone corporation,l=Mt. Vernon OR 97865-0609, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

**532389**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **OREGON-IDAHO UTIL.**

Signature of Authorized Officer or employee: **Justin Perez**  
Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho utilities, inc.,l=Nampa ID 83653, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Justin Perez**

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

Telephone number of Authorized Officer or employee: **208-461-7802**

Study Area Code of Reporting Carrier

**532390**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PEOPLES TEL CO. - OR**

Signature of Authorized Officer or employee: **Erik Hoefler**  
Digitally signed by Erik Hoefler DN:cn=Erik Hoefler,email=ehoefler@sctcweb.com,O=peoples telephone co. - or,l=Stayton OR 97383, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Erik Hoefler**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **503-769-4624**

Study Area Code of Reporting Carrier

**532391**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **PINE TELEPHONE SYSTEM INC. - OR**

Signature of Authorized Officer or employee: **Delinda Kluser**  
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otcconnections.net,O=pine telephone system inc. - or,l=Mt. Vernon OR 97865-0609, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

**532392**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PIONEER TELEPHONE COOP. DBA PIONEER CONNECT**

Signature of Authorized Officer or employee: **James Rennard**  
Digitally signed by James Rennard DN:cn=James Rennard,email=jamesrennard@pioneerconnect.net,O=pioneer telephone coop. dba pioneer connect,l=Philomath OR 97370, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **James Rennard**

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

Telephone number of Authorized Officer or employee: **541-929-8213**

Study Area Code of Reporting Carrier

**532393**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **ST. PAUL COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Nick Schneider**  
Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st. paul coop. tel. assn.,l=St. Paul OR 97137, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Nick Schneider**

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

Telephone number of Authorized Officer or employee: **503-633-2111**

Study Area Code of Reporting Carrier

**532396**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **STAYTON COOP TEL CO**

Signature of Authorized Officer or employee: **Erik Hoefler**

Digitally signed by Erik Hoefler DN:cn=Erik Hoefler,email=ehoefler@sctcweb.com,O=peoples telephone co. - or,l=Stayton OR 97383, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **Erik Hoefler**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **503-769-4624**

Study Area Code of Reporting Carrier

**532399**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **OREGON TELEPHONE CORPORATION (MTE-OREGON)**

Signature of Authorized Officer or employee: **Delinda Kluser**  
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@otconnections.net,O=oregon telephone corporation (mte-oregon),l=Mt. Vernon OR 97865-0609, Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

**533336**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **CALAVERAS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Rose Cullen**  
Digitally signed by Rose Cullen DN:cn=Rose Cullen,email=rose.cullen@caltel.com,O=calaveras telephone company,l=Copperopolis CA 95228, Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Rose Cullen**

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

Telephone number of Authorized Officer or employee: **209-785-2211**

Study Area Code of Reporting Carrier

**542301**

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

**6/16/2022**

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.

**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).

Name of Reporting Carrier				CAL-ORE TELEPHONE CO.	
Signature of authorized officer		<i>Kristi Olson</i>		Date	05/27/2022
Printed name of authorized officer		KRISTI OLSON			
Title or position of authorized officer		ACCOUNTING MGR/CFO			
Telephone number of authorized officer: (503) 221-2211 ext.					
Study Area Code of Reporting Carrier	542311	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022		
<p><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.</b></p>					

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).

Name of Reporting Carrier: **DUCOR TELEPHONE COMPANY dba VARCOMM**

Signature of Authorized Officer or employee: **Jenifer Vellucci**  
Digitally signed by Jenifer Vellucci DN:cn=Jenifer Vellucci,email=jvellucci@varcomm.biz,O=ducor telephone company dba varcomm,I=Ducor CA 93218, Date:5/24/2022

Date: **5/24/2022**

Printed name of Authorized Officer or employee: **Jenifer Vellucci**

Title or position of Authorized Officer or employee: **Ducor Telephone Company**

Telephone number of Authorized Officer or employee: **559-534-2210**

Study Area Code of Reporting Carrier

**542313**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **FORESTHILL-SEBASTIAN**

Signature of Authorized Officer or employee: **Rhonda Armstrong**  
Digitally signed by Rhonda Armstrong DN:cn=Rhonda Armstrong,email=ramstrong@sebastiancorp.com,O=forest hill telephone company dba sebastian,l= , Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Rhonda Armstrong**

Title or position of Authorized Officer or employee: **Vice President - Operations**

Telephone number of Authorized Officer or employee: **559-846-7780**

Study Area Code of Reporting Carrier	<b>542318</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **KERMAN TEL-SEBASTIAN**

Signature of Authorized Officer or employee: **Rhonda Armstrong**  
Digitally signed by Rhonda Armstrong DN:cn=Rhonda Armstrong,email=ramstrong@sebastiancorp.com,O=forest hill telephone company dba sebastian,l= , Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Rhonda Armstrong**

Title or position of Authorized Officer or employee: **Vice President - Operations**

Telephone number of Authorized Officer or employee: **559-846-7780**

Study Area Code of Reporting Carrier

**542324**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **THE PONDEROSA TEL CO**

Signature of Authorized Officer or employee: **Rick Williams**  
Digitally signed by Rick Williams DN:cn=Rick Williams,email=rickw@ponderosatel.com,O=table top telephone company, inc., Date:5/18/2022

Date: **5/18/2022**

Printed name of Authorized Officer or employee: **Rick Williams**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **559-868-6392**

Study Area Code of Reporting Carrier

**542332**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **SIERRA TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **Robert Griffin**  
Digitally signed by Robert Griffin DN:cn=Robert Griffin,email=robertg@stcg.net,O=sierra telephone company, inc.,l=Oakhurst CA 93644, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Robert Griffin**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **559-642-1178**

Study Area Code of Reporting Carrier

**542338**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **THE SISKIYOU TELEPHONE CO.**

Signature of Authorized Officer or employee: **Russell Elliott**  
Digitally signed by Russell Elliott DN:cn=Russell Elliott,email=r.elliott@siskiyoutelephone.com,O=the siskiyou telephone co.,l=Etna CA 96027, Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Russell Elliott**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **530-467-6120**

Study Area Code of Reporting Carrier

**542339**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **VOLCANO TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Brenda Shepard**  
Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano telephone company, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Brenda Shepard**

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

Telephone number of Authorized Officer or employee: **209-296-1447**

Study Area Code of Reporting Carrier

**542343**

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

**6/16/2022**

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.

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).

Name of Reporting Carrier: **PINNACLES TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Steven Bryan**  
Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles telephone company,l= , Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Steven Bryan**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **831-389-4500**

Study Area Code of Reporting Carrier

**542346**

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

**6/16/2022**

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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).

Name of Reporting Carrier: **FILER MUT-NV/TRULEAP**

Signature of Authorized Officer or employee: **Bob Kraut**

Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel. company-id dba truleap tech,I=Filer ID 83328-0089, Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Bob Kraut**

Title or position of Authorized Officer or employee: **General Manager/COO**

Telephone number of Authorized Officer or employee: **208-326-4330**

Study Area Code of Reporting Carrier

**552220**

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

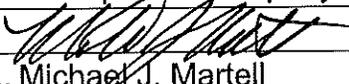
**6/16/2022**

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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				Rural Telephone Company NV	
Signature of authorized officer				Date	05/25/2022
Printed name of authorized officer		Michael J. Martell			
Title or position of authorized officer		Vice-President			
Telephone number of authorized officer:		(208) 366-2614			
Study Area Code of Reporting Carrier	552233	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022		
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **BEEHIVE TEL CO - NV**

Signature of Authorized Officer or employee: **Larry Mason**  
Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone co., inc., ut,Lake Point UT 84074, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Larry Mason**

Title or position of Authorized Officer or employee: **Senior Vice President Regulatory Affairs**

Telephone number of Authorized Officer or employee: **435-837-6000**

Study Area Code of Reporting Carrier

**552284**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **CHURCHILL COUNTY TEL. DBA CC COMMUNICATIONS**

Signature of Authorized Officer or employee: **Mark Feest**

Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@cccomm.co,O=churchill county tel. dba cc communications,l=Fallon NV 89407, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Mark Feest**

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

Telephone number of Authorized Officer or employee: **775-423-7654**

Study Area Code of Reporting Carrier

**552349**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **LINCOLN COUNTY TELEPHONE SYSTEM INC.**

Signature of Authorized Officer or employee: **John Christian, III**  
Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln county telephone system inc.,l=Pioche NV 89043, Date:5/26/2022

Date: **5/26/2022**

Printed name of Authorized Officer or employee: **John Christian, III**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **775-962-5131**

Study Area Code of Reporting Carrier

**552351**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **RIO VIRGIN TEL CO**

Signature of Authorized Officer or employee: **Brooke Wheeler**  
Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/25/2022

Date: **5/25/2022**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier

**552356**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **HUMBOLDT TEL CO**

Signature of Authorized Officer or employee: **Justin Perez**  
Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho utilities, inc.,l=Nampa ID 83653, Date:5/20/2022

Date: **5/20/2022**

Printed name of Authorized Officer or employee: **Justin Perez**

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

Telephone number of Authorized Officer or employee: **208-461-7802**

Study Area Code of Reporting Carrier

**553304**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **ADAK EAGLE ENTERPRISES, LLC dba ADAK TEL UTIL**

Signature of Authorized Officer or employee: **Andilea Weaver**  
Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak eagle enterprises, llc dba adak tel util, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Andilea Weaver**

Title or position of Authorized Officer or employee: **Vice President/COO**

Telephone number of Authorized Officer or employee: **907-222-0844**

Study Area Code of Reporting Carrier

**610989**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **ARCTIC SLOPE TEL. ASSOCIATION COOP.INC.**

Signature of Authorized Officer or employee: **Clower McNeil**  
Digitally signed by Clower McNeil DN:cn=Clower McNeil,email=clower@astac.net,O=arctic slope tel. association coop.inc.,l= , Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Clower McNeil**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **907-564-2680**

Study Area Code of Reporting Carrier

**613001**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **BETTLES TEL CO INC**

Signature of Authorized Officer or employee: **Mary Jo Quandt**  
Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=north country telephone company,l=Port Townsend WA 98368, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Mary Jo Quandt**

Title or position of Authorized Officer or employee: **V/P Chief Customer Operations**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier

**613002**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **BRISTOL BAY TELEPHONE COOP. INC.**

Signature of Authorized Officer or employee: **Tanya Moorcroft**

Digitally signed by Tanya Moorcroft DN:cn=Tanya Moorcroft,email=tanyam@bristolbay.com,O=bristol bay telephone coop. inc.,l=King Salmon AK 99613-0259, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Tanya Moorcroft**

Title or position of Authorized Officer or employee: **Controller/Asst General Manager**

Telephone number of Authorized Officer or employee: **907-246-3403**

Study Area Code of Reporting Carrier

**613003**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **BUSH-TELL INC.**

Signature of Authorized Officer or employee: **Roy Wrazen**  
Digitally signed by Roy Wrazen DN:cn=Roy Wrazen,email=roywrazen@bush-tell.com,O=bush-tell incorporated,l=Aniak AK 99557-0109, Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Roy Wrazen**

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

Telephone number of Authorized Officer or employee: **907-675-4311**

Study Area Code of Reporting Carrier

**613004**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **CIRCLE TELEPHONE & ELECTRIC, LLC**

Signature of Authorized Officer or employee: **Shawn DeVore**  
Digitally signed by Shawn DeVore DN:cn=Shawn DeVore,email=shawn@circleutilities.com,O=circle telephone & electric, llc,l=Circle AK 99733, Date:5/27/2022

Date: **5/27/2022**

Printed name of Authorized Officer or employee: **Shawn DeVore**

Title or position of Authorized Officer or employee: **Member Owner**

Telephone number of Authorized Officer or employee: **907-773-5500**

Study Area Code of Reporting Carrier

**613005**

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

**6/16/2022**

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Name of Reporting Carrier: **COPPER VALLEY TEL. COOP. INC.**

Signature of Authorized Officer or employee: **Laura Kompkoff**  
Digitally signed by Laura Kompkoff DN:cn=Laura Kompkoff,email=lkompkoff@cvtc.org,O=copper valley tel. coop. inc.,l=Valdez AK 99686, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Laura Kompkoff**

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

Telephone number of Authorized Officer or employee: **907-835-7712**

Study Area Code of Reporting Carrier

**613006**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **INTERIOR TEL CO INC**

Signature of Authorized Officer or employee: **Brett Carter**

Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc.,l= , Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Brett Carter**

Title or position of Authorized Officer or employee: **President & GM of Alaska Market**

Telephone number of Authorized Officer or employee: **907-563-2003**

Study Area Code of Reporting Carrier

**613011**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **MUKLUK TEL CO INC**

Signature of Authorized Officer or employee: **Brett Carter**  
Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc.,l= , Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Brett Carter**

Title or position of Authorized Officer or employee: **President & GM of Alaska Market**

Telephone number of Authorized Officer or employee: **907-563-2003**

Study Area Code of Reporting Carrier	<b>613016</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **ALASKA TEL CO**

Signature of Authorized Officer or employee: **Mary Jo Quandt**  
Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=north country telephone company,l=Port Townsend WA 98368, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Mary Jo Quandt**

Title or position of Authorized Officer or employee: **V/P Chief Customer Operations**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier	<b>613017</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **NUSHAGAK ELECTRIC & TELEPHONE COOP., INC.**

Signature of Authorized Officer or employee: **Trung Vo**

Digitally signed by Trung Vo DN:cn=Trung Vo,email=tvo@nushagak.coop,O=nushagak electric & telephone coop., inc.,l=Dillingham AK 99576, Date:5/19/2022

Date: **5/19/2022**

Printed name of Authorized Officer or employee: **Trung Vo**

Title or position of Authorized Officer or employee: **Telecom General Manager**

Telephone number of Authorized Officer or employee: **907-842-5251**

Study Area Code of Reporting Carrier

**613018**

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

**6/16/2022**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **OTZ TELEPHONE COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **Kelly Williams**

Digitally signed by Kelly Williams DN:cn=Kelly Williams,email=kwilliams@otz.org,O=otz telephone cooperative, inc., Date:5/31/2022

Date: **5/31/2022**

Printed name of Authorized Officer or employee: **Kelly Williams**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **907-442-1000**

Study Area Code of Reporting Carrier	<b>613019</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **NORTH COUNTRY TEL CO**

Signature of Authorized Officer or employee: **Mary Jo Quandt**  
Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=north country telephone company,l=Port Townsend WA 98368, Date:5/17/2022

Date: **5/17/2022**

Printed name of Authorized Officer or employee: **Mary Jo Quandt**

Title or position of Authorized Officer or employee: **V/P Chief Customer Operations**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier	<b>613026</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2022</b>	
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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).

Name of Reporting Carrier: **SUMMIT TEL & TEL CO OF ALASKA**

Signature of Authorized Officer or employee: **Roger Shoffstall**

Digitally signed by Roger Shoffstall DN:cn=Roger Shoffstall,email=rshoffstall@summittelephonenumber.com,O=summit tel & tel co of alaska,l=Fairbanks AK 99710, Date:5/21/2022

Date: **5/21/2022**

Printed name of Authorized Officer or employee: **Roger Shoffstall**

Title or position of Authorized Officer or employee: **CEO/President/Owner/General Manager**

Telephone number of Authorized Officer or employee: **907-389-1012**

Study Area Code of Reporting Carrier

**613028**

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

**6/16/2022**

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.

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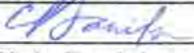
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Name of Reporting Carrier	Sandwich Isles Communications, Inc.		
Signature of authorized officer		Date	5/31/22
Printed name of authorized officer	Breanne Kahalewai		
Title or position of authorized officer	President		
Telephone number of authorized officer:	(808) 524-8400		
Study Area Code of Reporting Carrier	623021	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022
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Name of Reporting Carrier				Am. Samoa Telecomm. Authority	
Signature of authorized officer				Date	05/25/2022
Printed name of authorized officer		Chris Danielson			
Title or position of authorized officer		CFO			
Telephone number of authorized officer:		(684) 733-9082			
Study Area Code of Reporting Carrier	673900	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022		
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Name of Reporting Carrier <b>Consolidated Communications</b>			
Signature of authorized officer <i>Michael J. Shultz</i>		Date	<b>May 19, 2022</b>
Printed name of authorized officer <b>Michael J. Shultz</b>			
Title or position of authorized officer <b>Sr Vice President, Regulatory &amp; Public Policy</b>			
Telephone number of authorized officer: <b>(724) 449-2545</b>			
Study Area Code of Reporting Carrier	<b>see attached</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2022</b>
<p>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.</p>			

<b>Study Area/Entity</b>	<b>Study Area</b>	
	<b>Number</b>	<b>FRN</b>
Berkshire Telephone Corporation	150073	0004-4915-44
Chautauqua & Erie Telephone Co.	150078	0004-3316-82
Taconic Telephone Corp.	150084	0003-7727-53
Consolidated Communications of Pennsylvania Company, LLC		0003-1935-39
Consolidated Communications of Pennsylvania Company - Bentleyville	170145	
Consolidated Communications of Pennsylvania Company - Marianna & Scenery Hill	170185	
Consolidated Communications of Central Illinois Company		0003-7235-25
Consolidated Communications of Central Illinois - C-R	341009	
Consolidated Communications of Central Illinois - El Paso	341004	
Consolidated Communications of Central Illinois - Odin	341065	
Consolidated Communications of Colorado Company		0002-1470-98
Consolidated Communications of Colorado - Big Sandy	462192	
Consolidated Communications of Colorado - Columbine	462204	
Consolidated Communications of Florida Company		0001-8246-06
Consolidated Communications of Florida - Florala	210291	
Consolidated Communications of Florida - Perry	210329	
Consolidated Communications of Florida - St. Joe	210339	
Consolidated Communications of Kansas Company		0003-7232-36
Consolidated Communications of Kansas - Kansas	411835	
Consolidated Communications of Kansas - Colorado	461835	
Consolidated Communications of Maine Company		0003-7082-29
Consolidated Communications of Maine - Community Services	100015	
Consolidated Communications of Oklahoma Company		0003-7235-17
Consolidated Communications of Oklahoma - Chouteau	431981	
Consolidated Communications of Missouri Company		0014-7103-88
Consolidated Communications of Missouri - Missouri	421472	
Consolidated Communications of Washington Company, LLC.		0001-5812-97
Consolidated Communications of Washington - Ellensburg	522412	
Consolidated Communications of Washington - Yelm	522453	

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Name of Reporting Carrier		<b>See TDS Telecom ILEC Listing Below</b>		
Signature of Authorized Officer		Date 5/25/2022		
Printed name of Authorized Officer		Andrew Petersen		
Title or position of Authorized Officer		Sr. Vice-President – Corporate Affairs		
Telephone number or Authorized Officer.		(608)664-4155 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	6/16/2022	
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.				

- 361413 – Mid-State Telephone Company dba KMP
- 240535 – Norway Telephone Company, Inc.
- 250311 – Oakman Telephone Company, Inc.
- 320816 – S and W Telephone Company
- 300662 – The Vanlue Telephone Company
- 320837 - West Point Telephone Company