

# VOLUME 1

## APPENDIX D Exhibit 3

### CARRIER CERTIFICATIONS Accuracy of CAF ICC Data

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>OXFORD WEST TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Bruce Skellie</b></p>				<p><small>Digitally signed by Bruce Skellie DN:cn=Bruce Skellie,email=bskellie@firstlight.net,O=oxford west tel.co.,l=Albany NY 12207, Date:5/22/2023</small></p>	
<p>Date:      <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Bruce Skellie</b></p>					
<p>Title or position of Authorized Officer:      <b>SVP of Finance</b></p>					
<p>Telephone number of Authorized Officer:      <b>518-694-0550</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>100002</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		Lincolnvill Networks, Inc.	
Signature of Authorized Officer		Date 5/15/23	
Printed name of Authorized Officer		Shirley Manning	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer: (207) 563-9941 ext.		Filing Due Date for this form (mm/dd/yyyy)	
Study Area Code of Reporting Carrier		June 16, 2023	
100003			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>OXFORD COUNTY TEL</b></p>					
<p>Signature of Authorized Officer:      <b>Bruce Skellie</b></p>				<p><small>Digitally signed by Bruce Skellie DN:cn=Bruce Skellie,email=bskellie@firstlight.net,O=oxford west tel. co.,l=Albany NY 12207, Date:5/22/2023</small></p>	
<p>Date:      <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Bruce Skellie</b></p>					
<p>Title or position of Authorized Officer:      <b>SVP of Finance</b></p>					
<p>Telephone number of Authorized Officer:      <b>518-694-0550</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>100019</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,**

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Union River Telephone Company				
Signature of Authorized Officer <i>Kathryn M. Silsby</i>				Date May 25, 2023
Printed name of Authorized Officer Kathryn M Silsby				
Title or position of Authorized Officer President				
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, 2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UNITEL, INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Timothy May</span></p>				<p><small>Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Timothy May</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-548-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">100029</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RICHMOND TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dylan Proper</span></p>				<p><small>Digitally signed by Dylan Proper DN:cn=Dylan Proper,email=dylan@richmond-telephone.com,O=richmond telephone company llc, Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dylan Proper</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">413-698-2255</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">110737</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BRETTON WOODS TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Arthur Nicholson</b></p>				<p><small>Digitally signed by Arthur Nicholson DN:cn=Arthur Nicholson,email=anich@bwtc.net,O=bretton woods tel. co.,l= , Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Arthur Nicholson</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>603-278-9919</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>120038</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUNBARTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">David Montgomery</span></p>				<p><small>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Montgomery</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">603-774-9911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">120043</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FRANKLIN TEL. CO.-VT</b></p>					
<p>Signature of Authorized Officer: <b>Kimberly Gates Maynard</b></p>				<p>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:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kimberly Gates Maynard</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>802-285-9911</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>140053</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>TOPSHAM TELEPHONE COMPANY, INC.</u>				
Signature of Authorized Officer <u>Mark De Perrior</u>				Date <u>5/19/2023</u>
Printed name of Authorized Officer <u>MARK DE PERRIOR</u>				
Title or position of Authorized Officer <u>CONTROLLER</u>				
Telephone number of Authorized Officer: <u>(351)324-5911 ext.</u>				
Study Area Code of Reporting Carrier	<u>140068</u>		Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>WAITSFIELD/FAYSTON TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Roger Nishi</b></p>				<p><small>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvt.com,O=waitsfield/fayston tel. co.,l=Waitsfield VT 05673, Date:5/30/2023</small></p> <p>Date:      <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer:      <b>Roger Nishi</b></p>					
<p>Title or position of Authorized Officer:      <b>Vice President - Industry Relations</b></p>					
<p>Telephone number of Authorized Officer:      <b>802-496-8336</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>140069</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Vermont Telephone Company, Inc.</b>			
Signature of Authorized Officer <i>Emma McGuirk</i>			Date <b>05/31/2023</b>
Printed name of Authorized Officer <b>Emma McGuirk</b>			
Title or position of Authorized Officer <b>Director of Accounting</b>			
Telephone number of Authorized Officer: <b>(802) 885-7744</b> ext.			
Study Area Code of Reporting Carrier	<b>147332</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL CO-NY</b></p>					
<p>Signature of Authorized Officer: <b>Barbara Direnzo</b></p>				<p><small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Barbara Direnzo</b></p>					
<p>Title or position of Authorized Officer: <b>Director - Finance and Accounting</b></p>					
<p>Telephone number of Authorized Officer: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150071</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CASSADAGA TEL CORP					
Signature of Authorized Officer: Mark Maytum				<small>Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=cassadaga tel. corp.,l=Fredonia NY 14063-0209, Date:5/18/2023</small> Date: 5/18/2023	
Printed name of Authorized Officer: Mark Maytum					
Title or position of Authorized Officer: President, COO					
Telephone number of Authorized Officer: 716-673-3016					
Study Area Code of Reporting Carrier	150076		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHAMPLAIN TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Wade Northrup</span></p>				<p><small>Digitally signed by Wade Northrup DN:cn=Wade Northrup,email=wnorthrup@champlaintelephone.com,O=champlain tel. co.,l= , Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Wade Northrup</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller/Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">518-324-9303</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150077</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				CITIZENS TELEPHONE COMPANY OF HAMMOND, NEW YORK, INC.	
Signature of Authorized Officer			Date		5/19/2023
Printed name of Authorized Officer			MARK D. PERRIDA		
Title or position of Authorized Officer			CONTROLLER		
Telephone number of Authorized Officer: (315) 324-5911 ext.					
Study Area Code of Reporting Carrier		150081	Filing Due Date for this form (mm/dd/yyyy)	June 15, 2023	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CROWN POINT TEL. CORP.</b></p>					
<p>Signature of Authorized Officer: <b>Shana Macey</b></p>				<p><small>Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.knapp@cptelco.net,O=crown point tel. corp.,l=Crown Point NY 12928, Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Shana Macey</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>518-597-3300</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150085</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUNKIRK &amp; FREDONIA</b></p>					
<p>Signature of Authorized Officer: <b>Mark Maytum</b></p>				<p>Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=cassadaga tel. corp.,l=Fredonia NY 14063-0209, Date:5/18/2023</p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Mark Maytum</b></p>					
<p>Title or position of Authorized Officer: <b>President, COO</b></p>					
<p>Telephone number of Authorized Officer: <b>716-673-3016</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150091</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>EMPIRE TEL CORP</b></p>					
<p>Signature of Authorized Officer: <b>Tom Prestigiacomo</b></p>				<p>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Tom Prestigiacomo</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>607-522-4237</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150093</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE FISHERS ISLAND TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>J. Finan</b></p>				<p>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:5/31/2023</p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer: <b>J. Finan</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>631-788-7251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150095</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GERMANTOWN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Karen Borovich</b></p>				<p>Digitally signed by Karen Borovich DN:cn=Karen Borovich,email=karen.borovich@gtelcorp.com,O=germantown tel. co., inc.,l=Germantown NY 12526, Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Karen Borovich</b></p>					
<p>Title or position of Authorized Officer: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer: <b>518-537-1126</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150097</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HANCOCK TEL. CO.-NY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Robert Wrighter, Jr</span></p>				<p><small>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:5/23/2023</small></p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Wrighter, Jr</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">607-637-9912</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150099</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MARGARETVILLE TEL. CO.,INC.</b></p>					
<p>Signature of Authorized Officer: <b>Glen Faulkner</b></p>				<p><small>Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel. co.,inc.,l=Margaretville NY 12455, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Glen Faulkner</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>845-586-3311</b></p>					
Study Area Code of Reporting Carrier	<b>150104</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MIDDLEBURGH TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>James Becker</b></p>				<p>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:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>James Becker</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>518-827-5211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150105</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEWPORT TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Joseph Tomaino</b></p>				<p>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:5/26/2023</p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Joseph Tomaino</b></p>					
<p>Title or position of Authorized Officer: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>315-845-8112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150107</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: NICHOLVILLE TELCO					
Signature of Authorized Officer: Jeffrey McGrath				<small>Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slcfiber.com,O=nicholville telco llc,l=Nicholville NY 12965, Date:5/18/2023</small> Date: 5/18/2023	
Printed name of Authorized Officer: Jeffrey McGrath					
Title or position of Authorized Officer: VP/Regulatory Affairs					
Telephone number of Authorized Officer: 315-328-5333					
Study Area Code of Reporting Carrier	150108		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ONEIDA COUNTY RURAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Heather Kirkland</span></p>				<p><small>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:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Heather Kirkland</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">315-865-3239</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150111</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Ontario Telephone Company, Inc.</b>				
Signature of Authorized Officer 				Date <b>05/23/2023</b>
Printed name of Authorized Officer <b>Marion Peisher</b>				
Title or position of Authorized Officer <b>Controller/Secretary</b>				
Telephone number of Authorized Officer: <b>(315) 548-7561</b> ext.				
Study Area Code of Reporting Carrier	<b>150112</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PATTERSONVILLE TEL. CO.-NY</b></p>					
<p>Signature of Authorized Officer: <b>Nicole Rodriguez</b></p>				<p><small>Digitally signed by Nicole Rodriguez DN:cn=Nicole Rodriguez,email=nrodriguez@ptccconnect.net,O=pattersonville tel. co.-ny, Date:5/25/2023</small></p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Nicole Rodriguez</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>518-887-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150116</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STATE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Mark Evans</b></p>				<p>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel. co.,l=Coxsackie NY 12051, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Evans</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>518-731-6128</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150125</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Trumansburg Telephone Company, Inc.</u>				
Signature of Authorized Officer <u><i>Marion Peisher</i></u>				Date <u>05/23/2023</u>
Printed name of Authorized Officer <u>Marion Peisher</u>				
Title or position of Authorized Officer <u>Controller/Secretary</u>				
Telephone number of Authorized Officer <u>(315) 548-7561</u> ext. <u>      </u>				
Study Area Code of Reporting Carrier	<u>150131</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>June 16, 2023</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		Alteva of Warwick LLC	
Signature of Authorized Officer		Date 6/22/23	
Printed name of Authorized Officer		Robert Hagan	
Title or position of Authorized Officer		Chief Financial Officer	
Telephone number of Authorized Officer:		(470) 632-3979 ext.	
Study Area Code of Reporting Carrier	150135	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Carrier Cert

TRANSMITTAL NO. 1694

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Alteva of Warwick LLC</u>				
Signature of Authorized Officer <u><i>Robert Hagan</i></u>				Date <u>5/22/23</u>
Printed name of Authorized Officer <u>Robert Hagan</u>				
Title or position of Authorized Officer <u>Chief Financial Officer</u>				
Telephone number of Authorized Officer: <u>(470) 632-3979</u> ext. <u>        </u>				
Study Area Code of Reporting Carrier	<u>160135</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>June 16, 2023</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>THE CITIZENS TELEPHONE COMPANY OF KECKSBURG</b></p>					
<p>Signature of Authorized Officer:      <b>Arnold Cutrell</b></p>				<p>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:5/25/2023</p>	
<p>Date:      <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Arnold Cutrell</b></p>					
<p>Title or position of Authorized Officer:      <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer:      <b>724-424-4444</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170156</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HICKORY TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Terri Jeffers</span></p>				<p><small>Digitally signed by Terri Jeffers DN:cn=Terri Jeffers,email=tij@hky.com,O=hickory tel. co.,l= , Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Terri Jeffers</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Regulatory Director</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">724-356-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170171</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LACKAWAXEN TELECOM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">James Kail</span></p>				<p><small>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=yukon-waltz tel. co.,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">James Kail</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President and CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">724-593-2411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170177</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL CO-PA</b></p>					
<p>Signature of Authorized Officer: <b>Barbara Direnzo</b></p>				<p><small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Barbara Direnzo</b></p>					
<p>Title or position of Authorized Officer: <b>Director - Finance and Accounting</b></p>					
<p>Telephone number of Authorized Officer: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170189</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE NORTH-EASTERN PENNSYLVANIA TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <b>Steven Tourje</b></p>				<p>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:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Steven Tourje</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>570-785-2216</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170191</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH PENN TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Tom Prestigiacomo</b></p>				<p>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Tom Prestigiacomo</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>607-522-4237</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170192</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL NORTH</b></p>					
<p>Signature of Authorized Officer: <b>Barbara Direnzo</b></p>				<p><small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Barbara Direnzo</b></p>					
<p>Title or position of Authorized Officer: <b>Director - Finance and Accounting</b></p>					
<p>Telephone number of Authorized Officer: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170195</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PALMERTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Timothy Hausman</b></p>				<p><small>Digitally signed by Timothy Hausman DN: cn=Timothy Hausman, email=THausman@pencor.com, O=palmerton telephone company, l= , Date: 5/17/2023</small></p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Timothy Hausman</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>610-826-9433</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170196</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PENNSYLVANIA TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Richard Maietta</span></p>				<p><small>Digitally signed by Richard Maietta DN:cn=Richard Maietta,email=rich.maietta@ptcbb.com,O=pennsylvania tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Richard Maietta</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">570-745-7101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170197</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PYMATUNING IND TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tammy Souza</span></p>				<p><small>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tammy Souza</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accounting Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">904-259-0036</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170200</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTH CANAAN TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>James Kail</b></p>				<p>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=yukon-waltz tel. co.,l= , Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>James Kail</b></p>					
<p>Title or position of Authorized Officer: <b>President and CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>724-593-2411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170205</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VENUS TEL. CORP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Janice Kline</span></p>				<p><small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel. corp.,I=Venus PA 16364, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Janice Kline</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Sec/Treas.</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">814-354-6123</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170210</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">YUKON - WALTZ TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">James Kail</span></p>				<p><small>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=yukon-waltz tel. co.,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">James Kail</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President and CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">724-593-2411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170215</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WEST SIDE TEL CO-PA					
Signature of Authorized Officer: John Ludenia				<small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-pa,l= , Date:5/26/2023</small> Date: 5/26/2023	
Printed name of Authorized Officer: John Ludenia					
Title or position of Authorized Officer: V.P. Operations, General Manager					
Telephone number of Authorized Officer: 304-983-8642					
Study Area Code of Reporting Carrier	170277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL OF MD</b></p>					
<p>Signature of Authorized Officer: <b>Barbara Direnzo</b></p>				<p><small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Barbara Direnzo</b></p>					
<p>Title or position of Authorized Officer: <b>Director - Finance and Accounting</b></p>					
<p>Telephone number of Authorized Officer: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>180216</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,**

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Empower Telecom Inc</b>			
Signature of Authorized Officer <i>Carol B Jones</i>			Date <b>5-30-2023</b>
Printed name of Authorized Officer <b>Carol B Jones</b>			
Title or position of Authorized Officer <b>VP Finance</b>			
Telephone number of Authorized Officer: <b>(434) 372-6132</b> , ext. _____			
Study Area Code of Reporting Carrier	<b>190219</b>	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BURKE'S GARDEN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Missy Lynch</b></p>				<p><small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel. co., inc., = , Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Missy Lynch</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager/Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>276-472-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190220</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CITIZENS TEL. COOP.-VA</b></p>					
<p>Signature of Authorized Officer: <b>Donna Smith</b></p>				<p><small>Digitally signed by Donna Smith DN:cn=Donna Smith,email=donnasmith@citizens.coop,O=citizens tel. coop.-va,lc=Floyd VA 24091-0137, Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Donna Smith</b></p>					
<p>Title or position of Authorized Officer: <b>CEO &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>540-745-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190225</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MGW TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Sheri Smith</b></p>				<p>Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw telephone company, inc., Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Sheri Smith</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>540-925-5235</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190238</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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>					

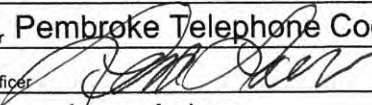
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEW HOPE TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Laurie Hensley</b></p>				<p>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope telephone cooperative, n=New Hope VA 24469, Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Laurie Hensley</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>540-363-6277</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190239</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier <b>Pembroke Telephone Cooperative</b>			
Signature of authorized officer 		Date	<b>5/11/2023</b>
Printed name of authorized officer <b>Leon A. Law</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(540) 626-7111</b> , ext.			
Study Area Code of Reporting Carrier	<b>190243</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEOPLES MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer: <b>Eric Cramer</b></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190244</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Matt Harbaugh</span></p>				<p><small>Digitally signed by Matt Harbaugh DN:cn=Matt Harbaugh,email=matthew.harbaugh@emp.shentel.com,O=shenandoah tel. co.,l= , Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Matt Harbaugh</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Director of Accounting</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">814-233-4309</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190250</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH - NR</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Matt Harbaugh</span></p>				<p><small>Digitally signed by Matt Harbaugh DN:cn=Matt Harbaugh,email=matthew.harbaugh@emp.shentel.com,O=shenandoah tel. co.,l= , Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Matt Harbaugh</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Director of Accounting</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">814-233-4309</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">197251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG OF WV</b></p>					
<p>Signature of Authorized Officer: <b>Barbara Direnzo</b></p>				<p><small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Barbara Direnzo</b></p>					
<p>Title or position of Authorized Officer: <b>Director - Finance and Accounting</b></p>					
<p>Telephone number of Authorized Officer: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200256</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SPRUCE KNOB SENECA ROCKS TEL., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Jena Miller</b></p>				<p>Digitally signed by Jena Miller DN:cn=Jena Miller,email=jmiller@skprt.com,O=spruce knob seneca rocks tel., inc.,l=Riverton WV 26814, Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Jena Miller</b></p>					
<p>Title or position of Authorized Officer: <b>Interim General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>304-567-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200257</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HARDY TELECOMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Scott Sherman</b></p>				<p>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecommunications, inc.,l= , Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Scott Sherman</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>304-897-9911</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200259</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Barbara Direnzo</b></p>				<p>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023</p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Barbara Direnzo</b></p>					
<p>Title or position of Authorized Officer: <b>Director - Finance and Accounting</b></p>					
<p>Telephone number of Authorized Officer: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200267</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>WEST SIDE TEL-WV</b></p>					
<p>Signature of Authorized Officer:      <b>John Ludenia</b></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-pa,l= , Date:5/26/2023</small></p>	
<p>Date:      <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>John Ludenia</b></p>					
<p>Title or position of Authorized Officer:      <b>V.P. Operations, General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>304-983-8642</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200277</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST FLORIDA</b></p>					
<p>Signature of Authorized Officer: <b>Tammy Souza</b></p>				<p>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/30/2023</p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Tammy Souza</b></p>					
<p>Title or position of Authorized Officer: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>904-259-0036</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>210335</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALMA TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Kevin Brooks</span></p>				<p><small>Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel. co., inc.,l=Alma GA 31510, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kevin Brooks</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">912-632-8603</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220344</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BRANTLEY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Donovan Strickland</b></p>				<p><small>Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel. co.,inc.,l=Nahunta GA 31553, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Donovan Strickland</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>912-462-5111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220347</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BULLOCH CNTY. RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>John Scott</b></p>				<p><small>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch cnty. rural tel. coop., inc., Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>John Scott</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer: <b>912-865-1100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220348</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Citizens Telephone Company, Inc. GA**

Signature of Authorized Officer



Date **5/31/2023**

Printed name of Authorized Officer **Chad Ledger**

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

Telephone number of Authorized Officer: **(229) 874-4145 ext.**

Study Area Code of Reporting Carrier

**220355**

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

June 16, 2023

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



TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Darien Telephone Company</b>				
Signature of Authorized Officer <i>Mary Lou Forsyth</i>				Date <b>5-25-23</b>
Printed name of Authorized Officer <b>Mary Lou Forsyth</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(912) 437-6611</b> ext.				
Study Area Code of Reporting Carrier	<b>220358</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">James O'Brien</span></p>				<p><small>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:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">James O'Brien</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">912-523-5111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220365</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HART TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Randy Daniel</b></p>				<p>Digitally signed by Randy Daniel DN:cn=Randy Daniel,email=randy.daniel@htconline.net,O=hart tel. co.,l=Hartwell GA 30643, Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Randy Daniel</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>706-376-4701</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220368</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEMBROKE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Mary Anna Hite</b></p>				<p>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:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Mary Anna Hite</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>912-653-4389</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220376</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PLANTERS RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Stephen Milner</b></p>				<p><small>Digitally signed by Stephen Milner DN:cn=Stephen Milner,email=sdmilner@planters.net,O=planters rural tel. coop., inc.,l=Newington GA 30446, Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Stephen Milner</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>912-857-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220378</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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>					

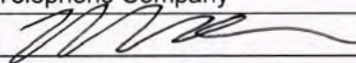
TO BE COMPLETED BY THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Plant Telephone Company**

Signature of Authorized Officer



Date **05/31/2023**

Printed name of Authorized Officer **Mike Moretz**

Title or position of Authorized Officer **Controller**

Telephone number of Authorized Officer: **(229) 528-1103** ext.

Study Area Code of Reporting Carrier

**220379**

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

**June 16, 2023**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PROGRESSIVE RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Ron Chambers</b></p>				<p><small>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:5/31/2023</small></p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Ron Chambers</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>478-984-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220380</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PUBLIC SERVICE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>James Bond</b></p>				<p><small>Digitally signed by James Bond DN:cn=James Bond,email=jim.bond@pstel.com,O=public service tel. co.,l=Reynolds GA 31076, Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>James Bond</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>478-847-6520</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220381</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Trenton Telephone Company, Inc</u>				
Signature of Authorized Officer <u>Steven W. Tatum</u>				Date <u>5/24/2023</u>
Printed name of Authorized Officer <u>Steven W. Tatum</u>				
Title or position of Authorized Officer <u>President</u>				
Telephone number of Authorized Officer: <u>(706) 657-4367</u> ext.				
Study Area Code of Reporting Carrier	<u>220389</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>June 16, 2023</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>WAVERLY HALL TEL</b>					
Signature of Authorized Officer: <b>Deborah Rand</b>				<small>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c.,l= , Date:5/22/2023</small> Date: <b>5/22/2023</b>	
Printed name of Authorized Officer: <b>Deborah Rand</b>					
Title or position of Authorized Officer: <b>President</b>					
Telephone number of Authorized Officer: <b>603-472-9786</b>					
Study Area Code of Reporting Carrier	<b>220392</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BARNARDSVILLE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Eric Cramer</b></p>				<p>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2023</p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230469</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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>					

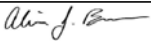
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>ELLERBE TEL CO</b>					
Signature of Authorized Officer: <b>Eric Cramer</b>				<small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2023</small> Date: <b>5/30/2023</b>	
Printed name of Authorized Officer: <b>Eric Cramer</b>					
Title or position of Authorized Officer: <b>CEO and General Manager</b>					
Telephone number of Authorized Officer: <b>336-973-6112</b>					
Study Area Code of Reporting Carrier	<b>230478</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				North State Telephone, LLC	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Alison J. Brown		
Title or position of Authorized Officer			Chief Legal Officer		
Telephone number of Authorized Officer: (917) 549-7538, ext.					
Study Area Code of Reporting Carrier		230491	Filing Due Date for this form (mm/dd/yyyy)		June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	Town of Pineville dba PinevilleTel CO		
Signature of Authorized Officer	[Signature]		Date 5-31-23
Printed name of Authorized Officer	Tammy J. Vachon		
Title or position of Authorized Officer	Director of Telecommunications		
Telephone number of Authorized Officer:	704 884 2921		
Study Area Code of Reporting Carrier	230494	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RANDOLPH TEL. MEMB. CORP. DBA RANDOLPH COMM.</b></p>					
<p>Signature of Authorized Officer: <b>Kimberly Garner</b></p>				<p>Digitally signed by Kimberly Garner DN:cn=Kimberly Garner,email=kgarner@rtmc.coop,O=randolph tel. memb. corp. dba randolph comm.,l= , Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kimberly Garner</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>336-879-7911</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230496</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SURRY MEMBERSHIP</b></p>					
<p>Signature of Authorized Officer: <b>Richard Parker</b></p>				<p>Digitally signed by Richard Parker DN:cn=Richard Parker,email=parkerr@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Richard Parker</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>336-374-5021</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230497</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SALUDA MOUNTAIN TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Eric Cramer</span></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Eric Cramer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO and General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">336-973-6112</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230498</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SERVICE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Eric Cramer</b></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230500</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SURRY MEMBERSHIP</b></p>					
<p>Signature of Authorized Officer: <b>Richard Parker</b></p>				<p>Digitally signed by Richard Parker DN:cn=Richard Parker,email=parkerr@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Richard Parker</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>336-374-5021</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230503</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RIVERSTREET-TCTMC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Eric Cramer</span></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Eric Cramer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO and General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">336-973-6112</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230505</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PALMETTO RURAL TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Dewaine Wilson</span></p>				<p><small>Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.us,O=palmetto rural tel. coop., inc.,l= , Date:5/30/2023</small></p>	
<p>Date: <span style="color: blue;">5/30/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Dewaine Wilson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">843 538-9382</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">240536</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SANDHILL TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Lee Chambers</span></p>				<p><small>Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@mysandhill.net,O=sandhill tel. coop., inc.,l=Jefferson SC 29718, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Lee Chambers</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">843-658-6379</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">240546</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CASTLEBERRY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Homer Holland</b></p>				<p>Digitally signed by Homer Holland DN:cn=Homer Holland,email=cbtel_36432@yahoo.com,O=castleberry tel. co., inc.,l=Castleberry AL 36432, Date:5/26/2023</p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Homer Holland</b></p>					
<p>Title or position of Authorized Officer: <b>Accountant</b></p>					
<p>Telephone number of Authorized Officer: <b>251-966-2110</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>250285</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS TELECOMMUNICATIONS COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Paul Higdon</b></p>				<p>Digitally signed by Paul Higdon DN:cn=Paul Higdon,email=phigdon@staff.farmerstel.com,O=farmers telecommunications cooperative, inc.,l=Rainsville AL 35986-0217, Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Paul Higdon</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>256-638-2144</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>250290</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAYNEVILLE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Evelyn Causey</span></p>				<p><small>Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@hftfiber.com,O=hayneville tel. co., inc.,l=Hayneville AL 36040, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Evelyn Causey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/COO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">334-548-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250299</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MON-CRE TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Teresa Rich</b></p>				<p>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:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Teresa Rich</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>334-562-3242</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>250305</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOUNDVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>R. Taylor</b></p>				<p>Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel. co.,l=Moundville AL 35474, Date:5/31/2023</p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer: <b>R. Taylor</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>205-371-9011</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>250307</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	New Hope Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	5-25-23
Printed name of Authorized Officer	Daniel Martin		
Title or position of Authorized Officer	General Manager		
Telephone number of Authorized Officer:	(256) 723-4241 ext.		
Study Area Code of Reporting Carrier	250308	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE BELT TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Nettles</span></p>				<p><small>Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel. co.,l=Arlington AL 36722, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Nettles</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">334-385-2106</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250315</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RAGLAND TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Matthew Jackson</span></p>				<p><small>Digitally signed by Matthew Jackson DN:cn=Matthew Jackson,email=mattjackson@ragland.net,O=ragland tel. co.,l=Ragland AL 35131, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Matthew Jackson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">205-472-2141</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250316</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BALLARD RURAL TEL. COOP. CORP., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Karen Hensley</span></p>				<p><small>Digitally signed by Karen Hensley DN:cn=Karen Hensley,email=karen.tilford@btc.coop,O=ballard rural tel. coop. corp., inc.,l=La Center KY 42056, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Karen Hensley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">270-665-5186</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260396</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
			
Name of Reporting Carrier: Brandenburg Telephone Company, Inc.			
Signature of Authorized Officer: 			Date: 5/19/23
Printed name of Authorized Officer: Allison Willoughby			
Title or position of Authorized Officer: General Manager/President			
Telephone number of Authorized Officer: (270) 422-2121 ext.			
Study Area Code of Reporting Carrier	260398	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUO COUNTY TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Daryl Hammond</b></p>				<p>Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duobroadband.com,O=duo county tel. coop., inc.,l=Jamestown KY 42629, Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Daryl Hammond</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>700-343-1111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>260401</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LOGAN TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gregory Hale</span></p>				<p><small>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@ltconnect.com,O=logan tel. coop., inc.,l=Auburn KY 42206, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gregory Hale</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/Executive V.P.</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">270-542-4121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260413</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOUNTAIN RURAL TEL. COOP. CORP., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Shayne Ison</span></p>				<p><small>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:5/23/2023</small></p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Shayne Ison</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">606-743-3121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260414</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Peoples Rural Telephone Cooperative</b>				
Signature of Authorized Officer <i>Keith Gabbard</i>			Date <b>5/26/2023</b>	
Printed name of Authorized Officer <b>Keith Gabbard</b>				
Title or position of Authorized Officer <b>CEO</b>				
Telephone number of Authorized Officer: <b>(606) 287-7101</b> , ext.				
Study Area Code of Reporting Carrier		<b>260415</b>	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THACKER/GRIGSBY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>William Grigsby</b></p>				<p><small>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel. co., inc.,l=Hindman KY 41822, Date:5/23/2023</small></p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>William Grigsby</b></p>					
<p>Title or position of Authorized Officer: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>606-785-9500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>260419</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WEST KENTUCKY RURAL</b></p>					
<p>Signature of Authorized Officer: <b>Robert Hutter</b></p>				<p><small>Digitally signed by Robert Hutter DN:cn=Robert Hutter,email=rhutter@mywkt.coop,O=west ky. rural tel. coop. corp., inc., Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Robert Hutter</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>270-558-0420</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>260421</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAMPTI-PLEASANT HILL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tom Edens</span></p>				<p><small>Digitally signed by Tom Edens DN:cn=Tom Edens,email=tedens@epictouch.com,O=campiti-pleasant hill tel. co.,l=Natchitoches LA 71458, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tom Edens</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">318-352-0014</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270426</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DELCAMBRE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Marcy Landry</b></p>				<p><small>Digitally signed by Marcy Landry DN:cn=Marcy Landry,email=mlandry@delcambre.net,O=delcambre tel. co.,l= , Date:5/30/2023</small></p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Marcy Landry</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>337-685-2311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>270428</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KAPLAN TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Richard Constantin</span></p>				<p><small>Digitally signed by Richard Constantin DN:cn=Richard Constantin,email=rconstantin@kaptel.net,O=kaplan tel. co.,l=Kaplan LA 70548-0369, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Richard Constantin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Regulatory Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">337-643-4242</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270432</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>NORTHEAST LOUISIANA TEL. CO., INC.</b>					
Signature of Authorized Officer: <b>Mike George</b>				<small>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:5/17/2023</small> Date: <b>5/17/2023</b>	
Printed name of Authorized Officer: <b>Mike George</b>					
Title or position of Authorized Officer: <b>President / General Manager</b>					
Telephone number of Authorized Officer: <b>318-874-7011</b>					
Study Area Code of Reporting Carrier	<b>270435</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RESERVE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Annette Faircloth</b></p>				<p><small>Digitally signed by Annette Faircloth DN:cn=Annette Faircloth,email=afaircloth@reservetele.com,O=reserve tel. co.,l= , Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Annette Faircloth</b></p>					
<p>Title or position of Authorized Officer: <b>V.P of Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>985-536-1271</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>270438</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">STAR TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Timothy May</span></p>				<p><small>Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Timothy May</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-548-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270441</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DECATUR TEL. CO., INC.-MS</b></p>					
<p>Signature of Authorized Officer: <b>Esther Smith, PhD</b></p>				<p>Digitally signed by Esther Smith, PhD DN:cn=Esther Smith, PhD,email=esther@decaturtelephone.com,O=decatur tel. co., inc.-ms,l=Decatur MS 39327, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Esther Smith, PhD</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>601-635-2251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>280451</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FRANKLIN TEL CO - MS</b></p>					
<p>Signature of Authorized Officer: <b>Tammy Torrey</b></p>				<p><small>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:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Tammy Torrey</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>601-384-3350</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>280454</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GEORGETOWN TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Joie Miller</b></p>				<p><small>Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlcoadmin.com,O=georgetown tele. co., inc.,l=Georgetown MS 39078, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Joie Miller</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>601-858-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>280456</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		NOXAPATER TELEPHONE COMPANY	
Signature of Authorized Officer		Date 5/18/2023	
Printed name of Authorized Officer		CHARLOTTE PEARCE	
Title or position of Authorized Officer		VICE PRESIDENT	
Telephone number of Authorized Officer: 601) 726-7108		Filing Due Date for this form (mm/dd/yyyy) June 16, 2023	
Study Area Code of Reporting Carrier 280461			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SLEDGE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Robert Sledge Jr.</b></p>				<p><small>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:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Robert Sledge Jr.</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>662-569-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>280466</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARDMORE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Robert Hutter</b></p>				<p><small>Digitally signed by Robert Hutter DN:cn=Robert Hutter,email=rhutter@mywkt.coop,O=west ky. rural tel. coop. corp., inc., Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Robert Hutter</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>270-558-0420</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>290280</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BEN LOMAND RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Jared Sain</b></p>				<p>Digitally signed by Jared Sain DN:cn=Jared Sain,email=jaredsain@benlomand.org,O=ben lomand rural tel. coop., inc.,l= , Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Jared Sain</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>931-668-4131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>290553</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Bledsoe Telephone Cooperative, Inc.	
Signature of Authorized Officer			John Lee Downey		Date
Printed name of Authorized Officer			John Lee Downey		5-22-23
Title or position of Authorized Officer			President		
Telephone number of Authorized Officer: (423) 447-2121 ext.					
Study Area Code of Reporting Carrier		290554	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DEKALB TEL. COOP, INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Joe Mitchell</span></p>				<p><small>Digitally signed by Joe Mitchell DN:cn=Joe Mitchell,email=jmitchell@staff-dtc.com,O=dekalb tel. coop, inc.,l=Alexandria TN 37012, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Joe Mitchell</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">615-464-2254</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290562</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Highland Telephone Cooperative, Inc.				
Signature of Authorized Officer 			Date May 12, 2023	
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 ext.				
Study Area Code of Reporting Carrier		290565	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>LORETTO TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer:      <b>Jason Shelton</b></p>				<p><small>Digitally signed by Jason Shelton DN:cn=Jason Shelton,email=jason.shelton@lorettotel.com,O=loretto tel. co., inc.,l=Loretto TN 38469, Date:5/30/2023</small></p>	
<p>Date:      <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Jason Shelton</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>931-853-3333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>290570</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>NORTH CENTRAL TEL. COOP., INC.</b>					
Signature of Authorized Officer: <b>Johnny McClanahan</b>				<small>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:5/18/2023</small> Date: <b>5/18/2023</b>	
Printed name of Authorized Officer: <b>Johnny McClanahan</b>					
Title or position of Authorized Officer: <b>President and CEO</b>					
Telephone number of Authorized Officer: <b>615-666-2151</b>					
Study Area Code of Reporting Carrier	<b>290573</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WEST KY COOP-TN</b></p>					
<p>Signature of Authorized Officer: <b>Robert Hutter</b></p>				<p><small>Digitally signed by Robert Hutter DN:cn=Robert Hutter,email=rhutter@mywkt.coop,O=west ky. rural tel. coop. corp., inc.,l= , Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Robert Hutter</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>270-558-0420</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>290598</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>THE ARTHUR MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Eric Roughton</b></p>				<p>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual tel. co.,l= , Date:5/30/2023</p>	
<p>Date:      <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Eric Roughton</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager/Sec'y/Treasurer</b></p>					
<p>Telephone number of Authorized Officer:      <b>419-393-2233</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300586</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>AYERSVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Phil Maag</b></p>				<p><small>Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel. co.,l= , Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Phil Maag</b></p>					
<p>Title or position of Authorized Officer: <b>Sec./Treas. &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>419-395-2222</b></p>					
Study Area Code of Reporting Carrier	<b>300588</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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>					

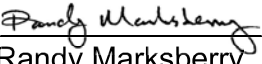
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BASCOM MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Laura Wise</b></p>				<p>Digitally signed by Laura Wise DN:cn=Laura Wise,email=law@bascomtelephone.com,O=bascom mutual tel. co.,l=Bascom OH 44809-0316, Date:5/18/2023</p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Laura Wise</b></p>					
<p>Title or position of Authorized Officer: <b>Board Assistant Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>419-937-2222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300589</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Benton Ridge Telephone Company			
Signature of Authorized Officer					Date	05/22/2023	
Printed name of Authorized Officer			Randy Marksberry				
Title or position of Authorized Officer			CFO				
Telephone number of Authorized Officer:			(567) 825-0413				
Study Area Code of Reporting Carrier		300590		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2023	

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <b>Buckland Telephone Company</b>			
Signature of Authorized Officer <i>Douglas G. Place</i>			Date <b>05/23/2023</b>
Printed name of Authorized Officer <b>Douglas G. Place</b>			
Title or position of Authorized Officer <b>General Manager</b>			
Telephone number of Authorized Officer: <b>(419) 657-2222</b> ext.			
Study Area Code of Reporting Carrier	<b>300591</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE CHAMPAIGN TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Tiffany Ebersold</b></p>				<p><small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Tiffany Ebersold</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>937-653-2263</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300594</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MCCLURE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Lance Miller</span></p>				<p><small>Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel. co.,l=McClure OH 43534-0026, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Lance Miller</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-748-8032</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300598</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HANSON COMM OH-COL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc= , Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300604</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CONNEAUT TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Deanna Brown</b></p>				<p>Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@greatwavecom.com,O=conneaut tel. co.,l=Conneaut OH 44030, Date:5/31/2023</p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Deanna Brown</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>440-593-7138</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300606</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DOYLESTOWN TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Brian Brockman</span></p>				<p><small>Digitally signed by Brian Brockman DN:cn=Brian Brockman,email=bbrockman@doylestowntelephone.com,O=doylestown tel. co.,l= , Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Brian Brockman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">330-658-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300609</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE FARMERS MUTUAL TEL. CO.-OKOLONA, OH</b></p>					
<p>Signature of Authorized Officer: <b>Cheryl Bostelman</b></p>				<p><small>Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=the farmers mutual tel. co.-okolona, oh,j= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Cheryl Bostelman</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>419-758-3303</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300612</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FORT JENNINGS TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Michael Metzger</b></p>				<p>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:5/24/2023</p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Michael Metzger</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>419-286-2181</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300614</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>HANSON COMM OH-GER</b></p>					
<p>Signature of Authorized Officer:      <b>Bruce Hanson</b></p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, I= , Date:5/22/2023</p>	
<p>Date:      <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer:      <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer:      <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300618</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLANDORF TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Hunt</span></p>				<p><small>Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@bright.net,O=glandorf tel. co., inc.,l=Glandorf OH 45848, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Hunt</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-538-6987</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300619</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KALIDA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">David Hunt</span></p>				<p><small>Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@bright.net,O=glandorf tel. co., inc.,l=Glandorf OH 45848, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Hunt</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-538-6987</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300625</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDDLE POINT HOME</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc= , Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300633</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>MINFORD TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer:      <b>Paula McGraw</b></p>				<p>Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel. co., inc.,l=Minford OH 45653, Date:5/22/2023</p>	
<p>Date:      <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Paula McGraw</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>740-820-2151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300634</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

<p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <b>New Knoxville Telephone</b></p>			
<p>Signature of Authorized Officer </p>			<p>Date <b>05/23/2023</b></p>
<p>Printed name of Authorized Officer <b>Preston Meyer</b></p>			
<p>Title or position of Authorized Officer <b>GM</b></p>			
<p>Telephone number of Authorized Officer: <b>(419) 753-5014</b>, ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>300639</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>June 16, 2023</b></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: THE NOVA TEL CO					
Signature of Authorized Officer: Charles Mattingly				<small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kcclenterprises.net,O=the nova tel. co.,l=Judson TX 75660, Date:5/18/2023</small> Date: 5/18/2023	
Printed name of Authorized Officer: Charles Mattingly					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 903-663-0099					
Study Area Code of Reporting Carrier	300644		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HANSON COMM OH-ORW</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, I= , Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300649</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>THE OTTOVILLE MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>William Honigford</b></p>				<p>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:5/19/2023</p>	
<p>Date:      <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>William Honigford</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>419-453-3324</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300650</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: PATTERSONVILLE TEL. CO.-OH					
Signature of Authorized Officer: Aaron Jones				<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:5/18/2023</small> Date: 5/18/2023	
Printed name of Authorized Officer: Aaron Jones					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 330-895-4391					
Study Area Code of Reporting Carrier	300651		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RIDGEVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Dave Gobrogge</span></p>				<p><small>Digitally signed by Dave Gobrogge DN:cn=Dave Gobrogge,email=dgobrogge@bright.net,O=ridgeville tel. co.,l=Ridgeville Corners OH 43555, Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dave Gobrogge</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/Certification Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-267-5185</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300654</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SHERWOOD MUTUAL TEL. ASSOC.</b></p>					
<p>Signature of Authorized Officer: <b>Richard Rostorfer</b></p>				<p>Digitally signed by Richard Rostorfer DN:cn=Richard Rostorfer,email=rickrostorfer@smta.cc,O=sherwood mutual tel. assoc.,l=Sherwood OH 43556, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Richard Rostorfer</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>419-899-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300656</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SYCAMORE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Richard Ekleberry II</b></p>				<p>Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@sycltelco.com,O=sycamore tel. co.,l= , Date:5/31/2023</p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Richard Ekleberry II</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>419-927-6012</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300658</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TELEPHONE SERVICE</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc= , Date:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300659</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VAUGHNSVILLE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Amanda Maag</span></p>				<p><small>Digitally signed by Amanda Maag DN:cn=Amanda Maag,email=vvtelco@bright.net,O=vaughnsville tel. co., inc.,l=Vaughnsville OH 45893-0127, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Amanda Maag</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager/Secretary /Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">419-646-3431</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300663</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>WABASH MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Mike Boley</b></p>				<p><small>Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel. co.,l= , Date:5/23/2023</small></p> <p>Date:      <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer:      <b>Mike Boley</b></p>					
<p>Title or position of Authorized Officer:      <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer:      <b>419-942-1111</b></p>					
Study Area Code of Reporting Carrier	<b>300664</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLBAND COMMUNICATIONS COOPERATIVE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Coral Olsen</span></p>				<p><small>Digitally signed by Coral Olsen DN:cn=Coral Olsen,email=colsen@allbandcomm.com,O=allband communications cooperative, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Coral Olsen</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">989-369-9999</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310542</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>BARAGA TELEPHONE COMPANY</b>					
Signature of Authorized Officer: <b>Paul Stark</b>				<small>Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga telephone company,l=Baraga MI 49908, Date:5/25/2023</small> Date: <b>5/25/2023</b>	
Printed name of Authorized Officer: <b>Paul Stark</b>					
Title or position of Authorized Officer: <b>President</b>					
Telephone number of Authorized Officer: <b>906-353-6644</b>					
Study Area Code of Reporting Carrier	<b>310675</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

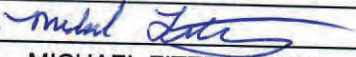
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BARRY COUNTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Cindy Hewitt</span></p>				<p><small>Digitally signed by Cindy Hewitt DN:cn=Cindy Hewitt,email=chewitt@mei.net,O=barry county tel. co.,l= , Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Cindy Hewitt</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">269-623-9999</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310676</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				BLANCHARD TEL. CO.	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			MICHAEL FITZPATRICK		5/23/2023
Title or position of Authorized Officer			GENERAL MANAGER		
Telephone number of Authorized Officer:			(989) 561-9930 ext.		
Study Area Code of Reporting Carrier		310678	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023	

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

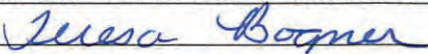
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BLOOMINGDALE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Steve Shults</b></p>				<p><small>Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel. co.,l=Bloomingdale MI 49026, Date:5/17/2023</small></p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Steve Shults</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>269-521-7313</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310679</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				CARR TELEPHONE COMPANY	
Signature of Authorized Officer					
Date			5-22-2023		
Printed name of Authorized Officer				TERESA BOGNER	
Title or position of Authorized Officer				SECRETARY	
Telephone number of Authorized Officer:				(231) 8982244 ext.	
Study Area Code of Reporting Carrier		310683		Filing Due Date for this form (mm/dd/yyyy)	
				June 16, 2023	

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

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>Climax Telephone LLC</b>			
Signature of Authorized Officer 			Date <b>5/30/2023</b>
Printed name of Authorized Officer <b>Ed Corr</b>			
Title or position of Authorized Officer <b>Vice President Tax</b>			
Telephone number of Authorized Officer: <b>(913) 794-3121</b> ext. _____			
Study Area Code of Reporting Carrier	<b>310688</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DEERFIELD FARMERS TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Robert Parisien</b></p>				<p>Digitally signed by Robert Parisien DN:cn=Robert Parisien,email=robert.parisien@d-pcomm.com,O=deerfield farmers tel. co.,l= , Date:5/23/2023</p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Robert Parisien</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>734-279-5514</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310691</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS DBA CHAPIN</b></p>					
<p>Signature of Authorized Officer: <b>Greg Ringle</b></p>				<p>Digitally signed by Greg Ringle DN:cn=Greg Ringle,email=chapintel@4cld.net,O=farmers mut. of chapin dba chapin tel. co.,l= , Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Greg Ringle</b></p>					
<p>Title or position of Authorized Officer: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>989-661-2476</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310694</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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 ext.			
Study Area Code of Reporting Carrier	310703	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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ACE TEL OF MICHIGAN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Michael Osborne</span></p>				<p><small>Digitally signed by Michael Osborne DN:cn=Michael Osborne,email=mosborne@acentek.net,O=ace tel. co. of mi, inc.,l=Houston MN 55943, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Michael Osborne</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">616-892-0123</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310704</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Lennon Telephone Company</b>				
Signature of Authorized Officer <i>Randy Fletcher</i>			Date <b>5/23/2023</b>	
Printed name of Authorized Officer <b>Randy Fletcher</b>				
Title or position of Authorized Officer <b>GM / CFO</b>				
Telephone number of Authorized Officer: <b>(810) 621-3301</b> , ext.				
Study Area Code of Reporting Carrier	<b>310708</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDWAY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Camie Nebel-Conklin</span></p>				<p>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/24/2023</p>	
<p>Date: <span style="color: blue;">5/24/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Camie Nebel-Conklin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President/Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">906-387-9911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310711</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>HIAWATHA TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Camie Nebel-Conklin</b></p>				<p>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/24/2023</p>	
<p>Date:      <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Camie Nebel-Conklin</b></p>					
<p>Title or position of Authorized Officer:      <b>Vice President/Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer:      <b>906-387-9911</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310713</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

<p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
<p>Name of Reporting Carrier <b>Ogden Telephone Company</b></p>				
<p>Signature of Authorized Officer <i>Kristen Fisher</i></p>			<p>Date <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer <b>Kristen Fisher</b></p>				
<p>Title or position of Authorized Officer <b>Secretary / Treasurer</b></p>				
<p>Telephone number of Authorized Officer: <b>(517) 443-5595</b> ext.</p>				
<p>Study Area Code of Reporting Carrier</p>		<p><b>310714</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>June 16, 2023</b></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ONTONAGON COUNTY TEL</b></p>					
<p>Signature of Authorized Officer: <b>Camie Nebel-Conklin</b></p>				<p>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Camie Nebel-Conklin</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>906-387-9911</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310717</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PIGEON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Neal Eichler</span></p>				<p>Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel. co.,l=Pigeon MI 48755, Date:5/22/2023</p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Neal Eichler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">989-453-4391</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310721</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SAND CREEK TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Harvey Souders</b></p>				<p>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:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Harvey Souders</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>517-436-3130</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310725</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRINGPORT TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Cutler</span></p>				<p><small>Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel. co.,l=Springport MI 49284-0208, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Cutler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">517-857-3100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310728</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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>					



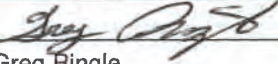
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UPPER PENINSULA TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Becky Schetter</b></span></p>				<p><small>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:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Becky Schetter</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">906-639-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310732</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WALDRON TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Lucinda Bernath</b></p>				<p>Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel. co.,l=Waldron MI 49288-0197, Date:5/19/2023</p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Lucinda Bernath</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>517-286-6211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310734</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Westphalia Telephone Co				
Signature of Authorized Officer 			Date 5-23-23	
Printed name of Authorized Officer Greg Ringle				
Title or position of Authorized Officer Certifying Officer				
Telephone number of Authorized Officer: (989) 587-5005, ext.				
Study Area Code of Reporting Carrier		310735	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WINN TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Graf</span></p>				<p><small>Digitally signed by Mark Graf DN:cn=Mark Graf,email=mgraf@winntel.com,O=winn tel. co.,l=Winn MI 48896, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Graf</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">989-953-9876</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310737</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MCBC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Becky Schetter</span></p>				<p>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:5/25/2023</p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Becky Schetter</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">906-639-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310785</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Bloomington Home Telephone Company, Inc.**

Signature of Authorized Officer *Ronja Branson* Date **May 17, 2023**

Printed name of Authorized Officer **Ronja Branson**

Title or position of Authorized Officer **Director-Manager**

Telephone number of Authorized Officer: **(765) 498-1000** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>320742</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CITIZENS TEL. CORP.-WARREN</b></p>					
<p>Signature of Authorized Officer: <b>Cammy Ackley</b></p>				<p>Digitally signed by Cammy Ackley DN:cn=Cammy Ackley,email=cammy@citznet.com,O=citizens tel. corp.-warren,l=Warren IN 46792, Date:5/22/2023</p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Cammy Ackley</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>260-375-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320751</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLAY CTY. RURAL TEL COOP INC D/B/A ENDEAVOR</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Darin LaCoursiere</span></p>				<p>Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email=darini@weEndeavor.com,O=clay cty. rural tel coop inc d/b/a endeavor,l=Cloverdale IN 46120-0237, Date:5/18/2023</p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Darin LaCoursiere</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President and CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">765-795-4261</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320753</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CRAIGVILLE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Lee Von Gunten</b></p>				<p><small>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:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Lee Von Gunten</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>260-565-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320756</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DAVIESS-MARTIN CTY. RURAL TEL. DBA RTC COMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kirk Lehman</span></p>				<p><small>Digitally signed by Kirk Lehman DN:cn=Kirk Lehman,email=klehman@rtccom.com,O=daviess-martin cty. rural tel. dba rtc comm.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kirk Lehman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/Executive VP</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">812-486-3211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320759</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GEETINGSVILLE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Steve Scott</span></p>				<p><small>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel. co., inc., Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Steve Scott</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">765-258-3111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320771</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LIGONIER TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Mike Troup</b></p>				<p>Digitally signed by Mike Troup DN:cn=Mike Troup,email=mtroup@ligtel.net,O=ligonier tel. co.,l= , Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Mike Troup</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>260-894-7161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320783</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MONON TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bruce Hanway</span></p>				<p><small>Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel. co., inc.,l=Monon IN 47959, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Hanway</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">219-253-6601</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320790</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MULBERRY COOP. TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Greg Maish</b></p>				<p><small>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:5/19/2023</small></p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Greg Maish</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>765-296-2885</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320792</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW LISBON TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Greene</span></p>				<p><small>Digitally signed by John Greene DN:cn=John Greene,email=john.greene@nlbc.com,O=new lisbon tel. co., inc.,l=New Lisbon IN 47366, Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Greene</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">765-332-2413</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320796</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEW PARIS TEL., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Paul Penrose</b></p>				<p>Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel., inc.,l=New Paris IN 46553-0047, Date:5/30/2023</p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Paul Penrose</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>574-831-7115</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320797</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHWESTERN INDIANA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Long</b></p>				<p><small>Digitally signed by Thomas Long DN: cn=Thomas Long, email=tlong@nitco.com, O=northwestern indiana tel. co., inc., c=Hebron IN 46341, Date: 5/31/2023</small></p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Thomas Long</b></p>					
<p>Title or position of Authorized Officer: <b>COO</b></p>					
<p>Telephone number of Authorized Officer: <b>219-996-2981</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320800</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PERRY-SPENCER RURAL TEL. COOP., INC. DBA PSC</b></p>					
<p>Signature of Authorized Officer: <b>Daren Brown</b></p>				<p><small>Digitally signed by Daren Brown DN:cn=Daren Brown,email=drbrown@psciber.net,O=perry-spencer rural tel. coop., inc. dba psc, Date:5/24/2023</small></p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Daren Brown</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>812-357-2123</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320807</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PULASKI-WHITE RURAL TEL. COOP.dba LIGHTSTREAM</b></p>					
<p>Signature of Authorized Officer: <b>Brent Gillum</b></p>				<p><small>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:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Brent Gillum</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>574-278-7121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320813</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCHESTER TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tyson Kalischuk</span></p>				<p><small>Digitally signed by Tyson Kalischuk DN:cn=Tyson Kalischuk,email=tyson.kalischuk@rtc1.com,O=rochester tel. co., inc., = , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tyson Kalischuk</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">VP of Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">574-223-0241</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320815</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTHEASTERN INDIANA RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Anthony Clark</b></p>				<p><small>Digitally signed by Anthony Clark DN: cn=Anthony Clark, email=clarkt@seidata.com, O=southeastern indiana rural tel. coop., inc., l= , Date: 5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Anthony Clark</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>812-667-5100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320819</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SUNMAN TELECOMM LLC</b></p>					
<p>Signature of Authorized Officer: <b>Rodney Thiemann</b></p>				<p>Digitally signed by Rodney Thiemann DN:cn=Rodney Thiemann,email=rthiemann@gpcom.com,O=sunman telecommunications llc,l=Blair NE 68008-0500, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Rodney Thiemann</b></p>					
<p>Title or position of Authorized Officer: <b>Sr. Director-Regulatory Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>402-426-6433</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320825</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SWAYZEE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Timothy Miles</span></p>				<p><small>Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@fiberhawk.com,O=swayzee tel. co., inc.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Timothy Miles</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">765-922-7916</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320826</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SWEETSER RURAL TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Scott Winger</b></p>				<p><small>Digitally signed by Scott Winger DN:cn=Scott Winger,email=sawinger@comteck.com,O=sweetser rural tel. co., inc.,l=Sweetser IN 46987, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Scott Winger</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>765-384-4311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320827</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WASH. CTY. RURAL TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Roland King</span></p>				<p><small>Digitally signed by Roland King DN:cn=Roland King,email=roland.king@telemedia.coop,O=wash. cty. rural tel. coop., inc.,l= , Date:5/25/2023</small></p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Roland King</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">812-967-2050</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320834</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>YEOMAN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Tonya O'Farrell</b></p>				<p>Digitally signed by Tonya O'Farrell DN:cn=Tonya O'Farrell,email=ofarrell@ytci.com,O=yeoman tel. co., inc.,l=Yeoman IN 47997, Date:5/22/2023</p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Tonya O'Farrell</b></p>					
<p>Title or position of Authorized Officer: <b>Financial Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>574-965-2100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320839</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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>					

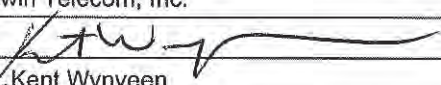
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>AMERY TELCOM, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Scott Jensen</b></p>				<p><small>Digitally signed by Scott Jensen DN:cn=Scott Jensen,email=sjensen@amerytel.net,O=amery telcom, inc., Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Scott Jensen</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-268-7101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330842</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>AMHERST TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Richard Letto</b></p>				<p><small>Digitally signed by Richard Letto DN:cn=Richard Letto,email=rletto@wi-net.com,O=amherst tel. co.,l=Amherst WI 54406-0279, Date:5/25/2023</small></p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Richard Letto</b></p>					
<p>Title or position of Authorized Officer: <b>Exec. VP &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-824-0583</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330843</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Baldwin Telecom, Inc.</b>			
Signature of Authorized Officer 			Date <b>May 25, 2023</b>
Printed name of Authorized Officer <b>Kent Wynveen</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(715) 684-3346</b> ext.			
Study Area Code of Reporting Carrier	<b>330846</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BELMONT TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Kent Dau</b></p>				<p>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel.,l=Eldridge IA 52748, Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kent Dau</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>563-285-9611</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330847</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BERGEN TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Brad Ellefson</b></p>				<p><small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel. co.,l=Sharon WI 53585, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Brad Ellefson</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>262-736-9981</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330848</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BLOOMER TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Kent Klima</b></p>				<p><small>Digitally signed by Kent Klima DN:cn=Kent Klima,email=kent.klima@bloomer.net,O=bloomer tel. co.,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Kent Klima</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-568-4830</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330850</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BRUCE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>John Manosky</b></p>				<p>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel. co., inc., Date:5/22/2023</p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>John Manosky</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-868-5111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330855</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHEQUAMEGON COM COOP</b></p>					
<p>Signature of Authorized Officer: <b>Robert Thompson</b></p>				<p>Digitally signed by Robert Thompson DN:cn=Robert Thompson,email=rthompson@norvado.com,O=chequamegon communications cooperative, inc.,l=Cable WI 54821, Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Robert Thompson</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>715-798-3303</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330860</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHIBARDUN TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Domenico Fornaro</b></p>				<p><small>Digitally signed by Domenico Fornaro DN:cn=Domenico Fornaro,email=dfornaro@mosaictelecom.com,O=chibardun tel. coop., inc.,l=Cameron WI 54822, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Domenico Fornaro</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>715-458-5400</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330861</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CITIZENS TEL. COOP., INC.-WI</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Bachman</b></p>				<p>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:5/26/2023</p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Bachman</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-237-2605</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330863</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLEAR LAKE TELEPHONE COMPANY, LLC</b></p>					
<p>Signature of Authorized Officer: <b>Tim Kusilek</b></p>				<p>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:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Tim Kusilek</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-263-2755</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330865</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: COON VALLEY FARMERS TEL. CO., INC.					
Signature of Authorized Officer: Carol Olson				<small>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:5/19/2023</small> Date: 5/19/2023	
Printed name of Authorized Officer: Carol Olson					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 608-452-3101					
Study Area Code of Reporting Carrier	330868		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CUBA CITY EXCHANGE					
Signature of Authorized Officer: Kent Dau				<small>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel.,l=Eldridge IA 52748, Date:5/30/2023</small> Date: 5/30/2023	
Printed name of Authorized Officer: Kent Dau					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 563-285-9611					
Study Area Code of Reporting Carrier	330872		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS IND. TEL. CO.-WI</b></p>					
<p>Signature of Authorized Officer: <b>Terry Kucera</b></p>				<p>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:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Terry Kucera</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager and Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>715-463-5322</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330879</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HILLSBORO TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Carla Shaker</b></p>				<p><small>Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel. co., inc.,l=Hillsboro WI 54634-0427, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Carla Shaker</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer/Office Mgr.</b></p>					
<p>Telephone number of Authorized Officer: <b>608-489-3230</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330892</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Lakefield Telephone Company</u>				
Signature of Authorized Officer <u>Lisa Beaupied-Rum</u>				Date <u>5/29/23</u>
Printed name of Authorized Officer <u>Lisa Beaupied-Rum</u>				
Title or position of Authorized Officer <u>Chief Experience Officer</u>				
Telephone number of Authorized Officer: <u>920 4617-7022</u> ext. _____				
Study Area Code of Reporting Carrier <u>330896</u>		Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA VALLE TEL. COOP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gregory Rockweiler</span></p>				<p><small>Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=gregr@lvc.coop,O=la valle tel. coop.,l=La Valle WI 53941, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gregory Rockweiler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">608-985-7201</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330899</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEMONWEIR VALLEY TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Donna Rezin</span></p>				<p><small>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:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Donna Rezin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">608-427-6515</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330900</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LAKELAND COMMUNICATIONS GROUP, LLC</b></p>					
<p>Signature of Authorized Officer: <b>Crystal Morley</b></p>				<p>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakelandteam.com,O=lakeland communications group, llc,l=Milltown WI 54858, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Crystal Morley</b></p>					
<p>Title or position of Authorized Officer: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer: <b>715-825-5105</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330902</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MANAWA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Justin Huebner</span></p>				<p><small>Digitally signed by Justin Huebner DN:cn=Justin Huebner,email=jhuebner@solarus.net,O=manawa tel. co.,l=Wisconsin Rapids WI 54495-8045, Date:5/29/2023</small></p> <p>Date: <span style="color: blue;">5/29/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Justin Huebner</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-421-8140</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330905</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARQUETTE-ADAMS TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Darren Moser</span></p>				<p><small>Digitally signed by Darren Moser DN:cn=Darren Moser,email=dmoser@maadtelco.com,O=marquette-ada ms tel. coop., inc.,l=Oxford WI 53952, Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Darren Moser</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">608-586-4111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330908</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NELSON COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Laura Gullickson</b></p>				<p>Digitally signed by Laura Gullickson DN:cn=Laura Gullickson,email=laura@ntec.net,O=nelson communications cooperative, =Durand WI 54736-0228, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Laura Gullickson</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>715-672-4204</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330918</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Niagara Telephone Company</u>			
Signature of Authorized Officer <u>Lisa Beaupied</u>			Date <u>5.29.23</u>
Printed name of Authorized Officer <u>Lisa Beaupied - Dum</u>			
Title or position of Authorized Officer <u>Chief Experience Officer</u>			
Telephone number of Authorized Officer: <u>920-617-7022</u> ext. <u>920-617-7022</u>			
Study Area Code of Reporting Carrier	<u>330920</u>	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Bay land telephone			
Signature of Authorized Officer Lisa Beaupied - Purn			Date 5.29.23
Printed name of Authorized Officer Lisa Beaupied - Purn			
Title or position of Authorized Officer Chief Experience Officer			
Telephone number of Authorized Officer: (924) 4617-7022, ext.			
Study Area Code of Reporting Carrier	330925	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PRICE COUNTY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Robert Thompson</span></p>				<p><small>Digitally signed by Robert Thompson DN:cn=Robert Thompson,email=rthompson@norvado.com,O=chequamegon communications cooperative, inc.,l=Cable WI 54821, Date:5/24/2023</small></p>	
<p>Date: <span style="color: blue;">5/24/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Robert Thompson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-798-3303</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330937</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Northeast Telephone Company</u>				
Signature of Authorized Officer <u>Lisa Beaupied - Purn</u>				Date <u>5.29.23</u>
Printed name of Authorized Officer <u>Lisa Beaupied - Purn</u>				
Title or position of Authorized Officer <u>Chief Experience Officer</u>				
Telephone number of Authorized Officer: <del>920-617-0220</del> ext. <u>920-617-7022</u>				
Study Area Code of Reporting Carrier	<u>330938</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>June 16, 2023</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RICHLAND-GRANT TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Lori Thomas</span></p>				<p><small>Digitally signed by Lori Thomas DN:cn=Lori Thomas,email=Lorit@rgtc.coop,O=richland-grant tel. coop., inc.,l=Blue River WI 53518, Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Lori Thomas</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">608-537-2461</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330942</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SHARON TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Brad Ellefson</b></p>				<p><small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel. co.,l=Sharon WI 53585, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Brad Ellefson</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>262-736-9981</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330946</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SIREN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Sid Sherstad</b></p>				<p><small>Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel. co., inc.,l=Siren WI 54872-0426, Date:5/28/2023</small></p> <p>Date: <b>5/28/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Sid Sherstad</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>715-349-2224</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330949</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOMERSET TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Scott Jensen</b></p>				<p><small>Digitally signed by Scott Jensen DN:cn=Scott Jensen,email=sjensen@amerytel.net,O=amery telcom, inc., Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Scott Jensen</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>715-268-7101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330951</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SPRING VALLEY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Carol Anderson</b></p>				<p><small>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:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Carol Anderson</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>715-778-4433</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330953</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Cheryl Rue</b></p>				<p><small>Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county communications cooperative, inc.,l=Strum WI 54770, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Cheryl Rue</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>715-695-2691</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330960</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UNION TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Richard Letto</span></p>				<p><small>Digitally signed by Richard Letto DN:cn=Richard Letto,email=rletto@tvalleycom.com,O=union tel. co.,l=Plainfield WI 54966-0096, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Richard Letto</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Exec. VP &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-335-6301</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330962</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>VERNON COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Garin Mayer</b></p>				<p>Digitally signed by Garin Mayer DN:cn=Garin Mayer,email=gmaye@vernoncom.coop,O=vernon communications cooperative, =Westby WI 54667, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Garin Mayer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>608-634-3136</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330966</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST WISCONSIN TELCOM COOP., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jim Kusilek</span></p>				<p><small>Digitally signed by Jim Kusilek DN:cn=Jim Kusilek,email=jkusilek@wwt.coop,O=west wisconsin telecom coop., inc.,l=Downsville WI 54735, Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jim Kusilek</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">715-664-8311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330971</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WITTENBERG TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Scott Nyman</b></p>				<p><small>Digitally signed by Scott Nyman DN:cn=Scott Nyman,email=snyman@cirrinity.net,O=wittenberg tel. co.,l=Wittenberg WI 54499-0160, Date:5/31/2023</small></p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Scott Nyman</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>715-253-2112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330973</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WOOD COUNTY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Justin Huebner</b></p>				<p>Digitally signed by Justin Huebner DN:cn=Justin Huebner,email=jhuebner@solarus.net,O=manawa tel. co.,l=Wisconsin Rapids WI 54495-8045, Date:5/29/2023</p>	
<p>Date: <b>5/29/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Justin Huebner</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>715-421-8140</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330974</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ADAMS TEL. COOP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">James Broemmer Jr.</span></p>				<p><small>Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroomer@adamstel.com,O=adams tel. coop.,l=Golden IL 62339-0217, Date:5/17/2023</small></p>	
<p>Date: <span style="color: blue;">5/17/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">James Broemmer Jr.</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">217-696-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">340976</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALHAMBRA - GRANTFORK TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Robert Butler</b></p>				<p>Digitally signed by Robert Butler DN:cn=Robert Butler,email=robertb@exchange.agtelco.com,O=alhambra - grantfork telephone company, .=Alhambra IL 62001-0207, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Robert Butler</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>618-488-2165</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>340978</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CAMBRIDGE TEL CO -IL</b></p>					
<p>Signature of Authorized Officer: <b>Judith Denys</b></p>				<p>Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=cambridge tel. co.-il, Geneseo IL 61254-0330, Date:5/31/2023</p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Judith Denys</b></p>					
<p>Title or position of Authorized Officer: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer: <b>309-944-8017</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>340983</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CASS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Amy Parlier</b></p>				<p>Digitally signed by Amy Parlier DN:cn=Amy Parlier,email=amy@casscomm.com,O=cass telephone company,l=Virginia IL 62691, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Amy Parlier</b></p>					
<p>Title or position of Authorized Officer: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer: <b>217-452-4112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>340984</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Clarksville Mutual Telephone Company	
Signature of Authorized Officer		<i>Patricia Rhoads</i>		Date 05/23/2023	
Printed name of Authorized Officer		Patricia Rhoads			
Title or position of Authorized Officer		<i>Sec - Treas</i>			
Telephone number of Authorized Officer		217-889-3822, ILL.			
Study Area Code of Reporting Carrier		340990	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CROSSVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Chris Birkla</b></p>				<p>Digitally signed by Chris Birkla DN:cn=Chris Birkla,email=cbirkla@crosstelco.net,O=crossville tel. co.,l=Crossville IL 62827, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Chris Birkla</b></p>					
<p>Title or position of Authorized Officer: <b>Assistant Secretary/Treasurer/General Mg</b></p>					
<p>Telephone number of Authorized Officer: <b>618-966-2196</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>340993</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: EGYPTIAN COOP ASSN					
Signature of Authorized Officer: Matt Bollinger				<small>Digitally signed by Matt Bollinger DN:cn=Matt Bollinger,email=mbollinger@egyptian.net,O=egyptian tel. coop. assn.,l= , Date:5/22/2023</small> Date: 5/22/2023	
Printed name of Authorized Officer: Matt Bollinger					
Title or position of Authorized Officer: Executive Vice President/General Manager					
Telephone number of Authorized Officer: 618-774-1000					
Study Area Code of Reporting Carrier	341003		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FLAT ROCK TEL CO-OP</b></p>					
<p>Signature of Authorized Officer: <b>Barry Adair</b></p>				<p><small>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=montrose mutual tel. co.,l=Louisville IL 62858, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Barry Adair</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>618-665-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341012</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GENESEO TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Judith Denys</b></p>				<p><small>Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=geneseo tel. co.,l=Geneseo IL 61254-0330, Date:5/31/2023</small></p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Judith Denys</b></p>					
<p>Title or position of Authorized Officer: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer: <b>309-944-8017</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341016</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLASFORD TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Duane Goetze</span></p>				<p><small>Digitally signed by Duane Goetze DN:cn=Duane Goetze,email=swbgtc@glasford tel. co.,l=Glasford IL 61533, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Duane Goetze</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">309-389-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341017</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRAFTON TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Leigh Sickinger</b></p>				<p>Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger, email=lsickinger@gtec.net, O=grifton tel. co., l=Grafton IL 62037, Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Leigh Sickinger</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>618-786-3400</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341020</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE GRANDVIEW MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Angela Tate</b></p>				<p><small>Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=the grandview mutual tel. co.,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Angela Tate</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>217-946-4101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341021</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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>					

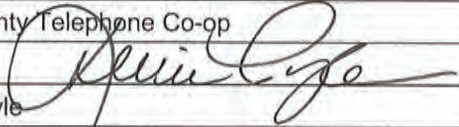
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRIDLEY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Herb Flesher</b></p>				<p>Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel. co.,l=Gridley IL 61744-0129, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Herb Flesher</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>309-747-3780</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341023</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Hamilton County Telephone Co-op	
Signature of Authorized Officer					
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, 2023

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHAWNEE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">James Grisham</span></p>				<p><small>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee telephone company,lc=Equality IL 62934, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">James Grisham</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">618-276-4211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341025</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HENRY COUNTY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Judith Denys</span></p>				<p><small>Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=henry county tel. co.,l=Geneseo IL 61254-0330, Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Judith Denys</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">309-944-8017</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341029</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HOME TELEPHONE COMPANY-ST. JACOB</b></p>					
<p>Signature of Authorized Officer: <b>Eric Schmidt</b></p>				<p>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:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Eric Schmidt</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>618-644-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341032</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KINSMAN MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Michelle Baudino</b></p>				<p><small>Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel. co.,l=Kinsman IL 60437, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Michelle Baudino</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>815-392-4210</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341041</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA HARPE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Irish</span></p>				<p><small>Digitally signed by Mark Irish DN:cn=Mark Irish,email=mark@laharpetelephone.com,O=la harpe tel. co.,l=LaHarpe IL 61450, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Irish</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">217-659-7721</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341043</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>LEAF RIVER TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Aaron Palmer</b></p>				<p><small>Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@ltnet1.com,O=leaf river tel. co.,l=Leaf River IL 61047, Date:5/24/2023</small></p> <p>Date:      <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer:      <b>Aaron Palmer</b></p>					
<p>Title or position of Authorized Officer:      <b>President</b></p>					
<p>Telephone number of Authorized Officer:      <b>608-220-1587</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341045</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEONORE MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Donna Naas</span></p>				<p><small>Digitally signed by Donna Naas DN:cn=Donna Naas,email=lmtc@lmtc.net,O=leonore mutual tel. co.,l=Leonore IL 61332, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Donna Naas</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">815-856-3164</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341046</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MCDONOUGH TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Jay Griswold</b></p>				<p>Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jgriswold@mdtc.net,O=mcdonough telephone cooperative,l=Colchester IL 62326, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Jay Griswold</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>309-776-3211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341047</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MCNABB TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kenneth Troyan</span></p>				<p>Digitally signed by Kenneth Troyan DN:cn=Kenneth Troyan,email=kennethtroyan@nabbnet.com,O=mcnabb tel. co.,l= , Date:5/23/2023</p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Kenneth Troyan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">815-882-2201</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341048</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p style="text-align: center;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MADISON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mary Schwartz</span></p>				<p><small>Digitally signed by Mary Schwartz DN:cn=Mary Schwartz,email=regmadison@madisontelco.com,O=madison tel. co.,l=Staunton IL 62088, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mary Schwartz</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">618-635-5000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341049</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MARSEILLES TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Ann Dickerson</b></p>				<p>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:5/17/2023</p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Ann Dickerson</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>309-367-4197</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341050</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: METAMORA TEL CO					
Signature of Authorized Officer: Ann Dickerson				<small>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:5/17/2023</small> Date: 5/17/2023	
Printed name of Authorized Officer: Ann Dickerson					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 309-367-4197					
Study Area Code of Reporting Carrier	341053		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MID CENTURY TELEPHONE CO-OPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>James Broemmer, Jr.</b></p>				<p>Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jimbrommer@adamstel.com,O=mid century telephone co-operative,l=Fairview IL 61432, Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>James Broemmer, Jr.</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>309-778-8611</b></p>					
Study Area Code of Reporting Carrier	<b>341054</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MONTROSE MUTUAL TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Barry Adair</span></p>				<p><small>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=montrose mutual tel. co.,l=Louisville IL 62858, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Barry Adair</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">618-665-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341058</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOULTRIE INDEPENDENT</b></p>					
<p>Signature of Authorized Officer: <b>James Grisham</b></p>				<p><small>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee telephone company,lc=Equality IL 62934, Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>James Grisham</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>618-276-4211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341060</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW WINDSOR TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Sharon Sims</span></p>				<p><small>Digitally signed by Sharon Sims DN:cn=Sharon Sims,email=nwofficer667@gmail.com,O=new windsor tel. co.,l=New Windsor IL 61465, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Sharon Sims</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">309-667-2712</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341062</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ONEIDA TEL. EXCHANGE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Troy Nimrick</span></p>				<p><small>Digitally signed by Troy Nimrick DN:cn=Troy Nimrick,email=troy@oneidatel.com,O=oneida tel. exchange,l=Oneida IL 61467-0445, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Troy Nimrick</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">309-483-3111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341066</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>REYNOLDS TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Jace Taylor</b></p>				<p>Digitally signed by Jace Taylor DN:cn=Jace Taylor,email=jataylor@reysel.net,O=reynolds tel. co.,l=Reynolds IL 61279, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Jace Taylor</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>309-372-4214</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341075</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TONICA TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jeremy Hillyer</span></p>				<p><small>Digitally signed by Jeremy Hillyer DN:cn=Jeremy Hillyer,email=tontel@tonicacom.net,O=tonica tel. co.,l=Tonica IL 61370-0158, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jeremy Hillyer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">815-442-9901</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341086</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VIOLA HOME TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jay Barton</span></p>				<p><small>Digitally signed by Jay Barton DN:cn=Jay Barton,email=jay@violatel.com,O=viola home tel. co.,l=Viola IL 61486, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jay Barton</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Assistant Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">309-596-2222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341087</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WABASH COMM CO-OP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Barry Adair</span></p>				<p><small>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=montrose mutual tel. co.,l=Louisville IL 62858, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Barry Adair</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">618-665-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341088</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WOODHULL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Philip Wirt</b></p>				<p>Digitally signed by Philip Wirt DN:cn=Philip Wirt,email=pwirtwtc@divcominc.net,O=woodhull telephone company,l=Woodhull IL 61490-0117, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Philip Wirt</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>309-334-2150</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341091</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">STELLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jo Daly</span></p>				<p><small>Digitally signed by Jo Daly DN:cn=Jo Daly,email=stelletelephone@stelle.net,O=stelle tel. co., = , Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jo Daly</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Financial/Admin Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">815-256-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341092</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>REASNOR TELEPHONE COMPANY, LLC</b></p>					
<p>Signature of Authorized Officer: <b>Johnny Harvison</b></p>				<p>Digitally signed by Johnny Harvison DN:cn=Johnny Harvison,email=johnny.harvison@dynprod.net,O=reasnor telephone company, llc, Date:5/17/2023</p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Johnny Harvison</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>817-838-1800</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>350739</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ANDREW TEL CO INC</b></p>					
<p>Signature of Authorized Officer:      <b>JoAnne Gregorich</b></p>				<p>Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel. co., inc.,l=LaMotte IA 52054, Date:5/30/2023</p>	
<p>Date:      <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>JoAnne Gregorich</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>563-773-2213</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351097</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WESTSIDE INDEPENDENT					
Signature of Authorized Officer: Kevin Skinner				<small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/22/2023</small> Date: 5/22/2023	
Printed name of Authorized Officer: Kevin Skinner					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 712-673-2311					
Study Area Code of Reporting Carrier	351100		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ATKINS TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gerald Spaight</span></p>				<p><small>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atcomm.net,O=atkins tel. co.,l=Atkins IA 52206, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gerald Spaight</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager / Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-446-7331</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351101</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>AYRSHIRE FARMERS MUT</b>					
Signature of Authorized Officer: <b>Gary Petersen</b>				<small>Digitally signed by Gary Petersen DN:cn=Gary Petersen,email=gpetersen@ncn.net,O=ayrshire fmrs. mut. tel. co.,l= , Date:5/22/2023</small> Date: <b>5/22/2023</b>	
Printed name of Authorized Officer: <b>Gary Petersen</b>					
Title or position of Authorized Officer: <b>CEO</b>					
Telephone number of Authorized Officer: <b>712-776-2222</b>					
Study Area Code of Reporting Carrier	<b>351105</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALPINE COMMUNICATIONS, L.C.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Chris Hopp</span></p>				<p><small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine communications, l.c.,l=Elkader IA 52043, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Chris Hopp</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Operating Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-245-4480</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351106</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BALDWIN-NASHVILLE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Brian Rickels</b></p>				<p>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:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Brian Rickels</b></p>					
<p>Title or position of Authorized Officer: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>563-673-6001</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351107</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BARNES CITY COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Diane Henry</b></p>				<p>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:5/18/2023</p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Diane Henry</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>641-644-5214</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351108</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BERNARD TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Kyle Manders</b></p>				<p><small>Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel. co., inc.,l=Bernard IA 52032-0068, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Kyle Manders</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>563-879-3203</b></p>					
Study Area Code of Reporting Carrier	<b>351110</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BREDA TEL CORP.</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Skinner</b></p>				<p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kevin Skinner</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-673-2311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351112</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BROOKLYN MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Tim Atkinson</b></p>				<p><small>Digitally signed by Tim Atkinson DN:cn=Tim Atkinson,email=brookmt@netins.net,O=brooklyn mutual tel. co.,l=Brooklyn IA 52211-0513, Date:5/31/2023</small></p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Tim Atkinson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>641-522-9211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351113</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BUTLER-BREMER MUT. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Andrea Hansen</b></p>				<p><small>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:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Andrea Hansen</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/GM</b></p>					
<p>Telephone number of Authorized Officer: <b>319-276-4458</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351115</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CASCADE COMMUNICATIONS COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Chris Summerall</b></p>				<p>Digitally signed by Chris Summerall DN:cn=Chris Summerall,email=chris@cascadecomm.com,O=cascade communications company,l=Cascade IA 52033-0250, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Chris Summerall</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>563-852-3710</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351118</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CASEY MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Breining</span></p>				<p><small>Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel. co.,l=Casey IA 50048, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Breining</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-746-2222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351119</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

<p><b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b></p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <b>CENTER JUNCTION TELEPHONE CO., INC</b></p>			
<p>Signature of Authorized Officer <i>Russ Benke</i></p>			<p>Date <b>5/24/2023</b></p>
<p>Printed name of Authorized Officer <b>Russ Benke</b></p>			
<p>Title or position of Authorized Officer <b>General Manager</b></p>			
<p>Telephone number of Authorized Officer: <b>(563) 487-2631</b>, ext. _____</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>351121</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>June 16, 2023</b></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CENTRAL SCOTT TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Kent Dau</b></p>				<p>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel.,l=Eldridge IA 52748, Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kent Dau</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>563-285-9611</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351125</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CITIZENS MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer: <b>Vince Tyson</b></p>				<p><small>Digitally signed by Vince Tyson DN:cn=Vince Tyson,email=vtyson@mycmtech.com,O=citizens mutual telephone cooperative, Date:5/17/2023</small></p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Vince Tyson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>641-664-2074</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351129</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLARENCE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Chad Fall</b></p>				<p>Digitally signed by Chad Fall DN:cn=Chad Fall,email=ctcmanager@netins.net,O=clarence tel. co., inc.,l=Clarence IA 52216, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Chad Fall</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>563-452-3852</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351130</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">C-M-L TEL. COOP. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bruce Johnson</span></p>				<p><small>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:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Johnson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-443-8222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351133</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COLO TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Randy Bellon</span></p>				<p><small>Digitally signed by Randy Bellon DN:cn=Randy Bellon,email=shane@colotel.org,O=colo tel. co.,l= Colo IA 50056, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Randy Bellon</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-377-2202</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351134</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SHELLSBURG CABLE</b></p>					
<p>Signature of Authorized Officer: <b>Curtis Eldred</b></p>				<p>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@usacomm.coop,O=farmers mutual tel. coop.-shellsburg,l=Shellsburg IA 52332, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Curtis Eldred</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-436-2224</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351136</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COON VALLEY COOP. TEL. ASSN., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jim Nelson</span></p>				<p>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:5/19/2023</p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jim Nelson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-524-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351137</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Scott Schabacker</span></p>				<p><small>Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=cooptel@netins.net,O=coop. tel. co.,l=Victor IA 52347, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Scott Schabacker</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Operating Officer/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-647-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351139</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CORN BELT TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Lee Wuebker</b></p>				<p>Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=cornbelt@netins.net,O=corn belt tel. co.,l=Wall Lake IA 51466, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Lee Wuebker</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>712-664-2221</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351141</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CUMBERLAND TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Vickie Adams</b></p>				<p><small>Digitally signed by Vickie Adams DN:cn=Vickie Adams,email=vickie_ctc@netins.net,O=cumberland tel. co.,l=Cumberland IA 50843, Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Vickie Adams</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>712-774-2221</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351146</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DANVILLE MUT. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Timothy FencI</span></p>				<p><small>Digitally signed by Timothy FencI DN: cn=Timothy FencI, email=tfencI@danvilletelco.net, O=danville mut. tel. co., I=Danville IA 52623, Date: 5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Timothy FencI</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager &amp; CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-392-4251</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351147</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS (DEFIANCE)</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Conry</b></p>				<p>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:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-744-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351149</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DIXON ACQ LLC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kent Dau</span></p>				<p><small>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel.,l=Eldridge IA 52748, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kent Dau</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-285-9611</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351150</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUMONT TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Roger Kregel</b></p>				<p>Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@dumonttelephone.com,O=dumont tel. co.,l=Dumont IA 50625-0349, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Roger Kregel</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>641-857-3211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351152</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUNKERTON TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Abbi Kienast</b></p>				<p>Digitally signed by Abbi Kienast DN:cn=Abbi Kienast,email=abbi@dunkerton.net,O=dunkerton tel. coop., inc.,l=Dunkerton IA 50626, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Abbi Kienast</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-822-4512</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351153</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EAST BUCHANAN TEL. COOP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Michael Becker</span></p>				<p><small>Digitally signed by Michael Becker DN:cn=Michael Becker,email=mike.becker@eastbuchanan.com,O=east buchanan tel. coop.,l= , Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Michael Becker</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-935-3011</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351156</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ELLSWORTH COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Joshua Angove</span></p>				<p><small>Digitally signed by Joshua Angove DN:cn=Joshua Angove,email=jangove@netins.net,O=ellsworth coop. tel. assn.,l=Ellsworth IA 50075-0458, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Joshua Angove</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">515-836-4431</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351157</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MINBURN TELECOMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Debra Lucht</span></p>				<p><small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecommunications, inc.,l=Minburn IA 50167, Date:5/19/2023</small></p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Debra Lucht</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">515-677-2264</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351158</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>F&amp;B COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Aaron Horman</b></p>				<p>Digitally signed by Aaron Horman DN:cn=Aaron Horman,email=aaron@fbc-tele.com,O=f&amp;b communications, inc.,l=Wheatland IA 52777, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Aaron Horman</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/Assistant Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>563-374-1236</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351160</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS COOP. TEL. CO.-DYSART</b></p>					
<p>Signature of Authorized Officer: <b>Shelly Franzenburg</b></p>				<p>Digitally signed by Shelly Franzenburg DN:cn=Shelly Franzenburg,email=sfranzenburg@fctc.coop,O=farmers coop. tel. co.-dysart,l=Dysart IA 52224-0280, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Shelly Franzenburg</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-476-7800</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351162</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS &amp; MERCHANTS MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Ray Fear</b></p>				<p>Digitally signed by Ray Fear DN:cn=Ray Fear,email=rayfear@farmtel.com,O=farmers &amp; merchants mutual tel. co.,l= , Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Ray Fear</b></p>					
<p>Title or position of Authorized Officer: <b>Operations Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-256-2736</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351166</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Conry</b></p>				<p>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:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-744-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351168</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP. TEL. CO.-MOULTON</b></p>					
<p>Signature of Authorized Officer: <b>Tammy Wheeler</b></p>				<p>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:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Tammy Wheeler</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>641-642-3249</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351169</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS MUTUAL TEL. CO.-JESUP					
Signature of Authorized Officer: Shawn Westpfahl				<small>Digitally signed by Shawn Westpfahl DN:cn=Shawn Westpfahl,email=shawn.westpfahl@heartlandtechnology.com,O=farmers mutual tel. co.-jesup,l=Jesup IA 50648-0249, Date:5/23/2023</small> Date: 5/23/2023	
Printed name of Authorized Officer: Shawn Westpfahl					
Title or position of Authorized Officer: VP of Business Development					
Telephone number of Authorized Officer: 319-827-1151					
Study Area Code of Reporting Carrier	351171		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer: <b>Josh Hveem</b></p>				<p><small>Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,l=Truro IA 50257, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>641-765-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351172</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Curtis Eldred</b></p>				<p>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@usacomm.coop,O=farmers mutual tel. coop.-shellsburg,l=Shellsburg IA 52332, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Curtis Eldred</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-436-2224</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351173</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TELEPHONE CO. OF STANTON, IOWA</b></p>					
<p>Signature of Authorized Officer: <b>Tim Eklund</b></p>				<p>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:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Tim Eklund</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-829-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351174</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL CO - BAT</b></p>					
<p>Signature of Authorized Officer: <b>Vince Tyson</b></p>				<p><small>Digitally signed by Vince Tyson DN:cn=Vince Tyson,email=vtyson@mycmtech.com,O=citizens mutual telephone cooperative, Date:5/17/2023</small></p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Vince Tyson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>641-664-2074</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351175</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL. CO.-ESSEX</b></p>					
<p>Signature of Authorized Officer: <b>Tim Hill</b></p>				<p>Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel. co.-essex,l=Essex IA 51638, Date:5/17/2023</p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Tim Hill</b></p>					
<p>Title or position of Authorized Officer: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>712-379-3001</b></p>					
Study Area Code of Reporting Carrier	<b>351176</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL CO -RICE</b></p>					
<p>Signature of Authorized Officer: <b>Josh Hveem</b></p>				<p>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:5/22/2023</p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>641-765-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351177</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FENTON COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Steven Longhenry</b></p>				<p><small>Digitally signed by Steven Longhenry DN:cn=Steven Longhenry,email=fntn@netins.net,O=fenton coop. tel. co.,l=Fenton IA 50539, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Steven Longhenry</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>515-889-2785</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351179</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PARTNER COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Arthur Cooper</b></p>				<p><small>Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=tophog@partnercom.net,O=partner communications cooperative, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Arthur Cooper</b></p>					
<p>Title or position of Authorized Officer: <b>Board President</b></p>					
<p>Telephone number of Authorized Officer: <b>641-498-7701</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351187</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDFIELD TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Randy Yeakel</b></p>				<p><small>Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=goldfield tel. co.,l=Kanawha IA 50447, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Randy Yeakel</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>641-762-3772</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351188</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RIVER VALLEY TELECOM</b></p>					
<p>Signature of Authorized Officer: <b>Ivan Dalen</b></p>				<p>Digitally signed by Ivan Dalen DN:cn=Ivan Dalen,email=idalen@rvtc.co,O=river valley telecommunications coop.,l=Graettinger IA 51342, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Ivan Dalen</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>712-859-3300</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351189</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GRAND MOUND COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Terri Bumann</span></p>				<p>Digitally signed by Terri Bumann DN:cn=Terri Bumann,email=tbumann@gmcta.coop,O=grand mound coop. tel. assn.,l=Grand Mound IA 52751-0316, Date:5/25/2023</p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Terri Bumann</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-847-3000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351191</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GRISWOLD COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Amy McLaren</span></p>				<p><small>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:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Amy McLaren</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-778-2121</span></p>					
Study Area Code of Reporting Carrier	351195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Hawkeye Telephone Company	
Signature of Authorized Officer			Date 5/19/2023		
Printed name of Authorized Officer				David Byers	
Title or position of Authorized Officer				General Manager	
Telephone number of Authorized Officer: (563) 539-2122 ext. _____					
Study Area Code of Reporting Carrier		351199		Filing Due Date for this form (mm/dd/yyyy) June 16, 2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HUBBARD COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Greg Ball</span></p>				<p><small>Digitally signed by Greg Ball DN:cn=Greg Ball,email=hubbard1@netins.net,O=hubbard coop. tel. assn.,l= , Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Greg Ball</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-864-2216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351203</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HUXLEY COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Levi Bappe</b></p>				<p>Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=levi@huxleycommunications.net,O=huxley communications cooperative, =Huxley IA 50124-0036, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Levi Bappe</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager and Excutive VP</b></p>					
<p>Telephone number of Authorized Officer: <b>515-597-2281</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351205</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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>					

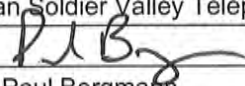
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">IAMO COMM - IA</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tim Toepfer</span></p>				<p><small>Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=ttoepfer@iamo.tel,O=iamo communications, inc.-ia, Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Tim Toepfer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO &amp; General Manage</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-583-3232</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351206</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FMTC-I35, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Josh Hveem</b></p>				<p>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:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>641-765-4201</b></p>					
Study Area Code of Reporting Carrier	<b>351209</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Jordan Soldier Valley Telephone				
Signature of Authorized Officer 				Date 05/23/2023
Printed name of Authorized Officer Paul Bergmann				
Title or position of Authorized Officer GM				
Telephone number of Authorized Officer: (712) 271-4000 ext.				
Study Area Code of Reporting Carrier	351213		Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KALONA COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Casey Peck</span></p>				<p><small>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:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Casey Peck</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-656-3668</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351214</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KEYSTONE FRMS. COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Byran Kimm</b></p>				<p><small>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:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Byran Kimm</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-442-3241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351217</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>LA PORTE CITY TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Chris Hopp</b></p>				<p><small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel. co.,l=Elkader IA 52043, Date:5/18/2023</small></p> <p>Date:      <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer:      <b>Chris Hopp</b></p>					
<p>Title or position of Authorized Officer:      <b>Chief Operations Officer</b></p>					
<p>Telephone number of Authorized Officer:      <b>563-245-4480</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351220</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA MOTTE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">JoAnne Gregorich</span></p>				<p>Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel. co., inc.,l=LaMotte IA 52054, Date:5/30/2023</p>	
<p>Date: <span style="color: blue;">5/30/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">JoAnne Gregorich</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-773-2213</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351222</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEHIGH VALLEY COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jim Suchan</span></p>				<p><small>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:5/24/2023</small></p>	
<p>Date: <span style="color: blue;">5/24/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jim Suchan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">515-359-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351225</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LONE ROCK COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Josh Adams</span></p>				<p><small>Digitally signed by Josh Adams DN:cn=Josh Adams,email=office@lonerocktel.com,O=lone rock coop. tel. co.,l=Lone Rock IA 50559-0278, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Josh Adams</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">515-925-3271</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351228</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LOST NATION-ELWOOD TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jan Muhl</span></p>				<p><small>Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood tel. co.,l= , Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jan Muhl</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-678-2470</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351229</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST IOWA TEL</b></p>					
<p>Signature of Authorized Officer: <b>David Byers</b></p>				<p>Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=northeast iowa tel. co.,l=Monona IA 52159-0835, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>David Byers</b></p>					
<p>Title or position of Authorized Officer: <b>COO/Assistant Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>563-539-2122</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351230</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LYNNVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Christopher Ulmer</span></p>				<p><small>Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=lynnville telephone company, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Christopher Ulmer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">610-928-3903</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351232</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS (MANILLA)</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Conry</b></p>				<p>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:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-744-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351235</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MARNE &amp; ELK HORN TEL</b></p>					
<p>Signature of Authorized Officer: <b>Rachel Hamilton</b></p>				<p><small>Digitally signed by Rachel Hamilton DN:cn=Rachel Hamilton,email=rachel@metcteam.com,O=marne &amp; elk horn tel. co.,l=Walnut IA 51577, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Rachel Hamilton</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-784-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351237</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MARTELLE COOP ASSN</b></p>					
<p>Signature of Authorized Officer: <b>Hans Arwine</b></p>				<p>Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop. tel. assn.,l=Mechanicsville IA 52306, Date:5/30/2023</p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Hans Arwine</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>563-432-7221</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351238</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>MASSENA TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Mike Klocke</b></p>				<p>Digitally signed by Mike Klocke DN:cn=Mike Klocke,email=mike@massenatelephone.com,O=massena tel. co.,l=Massena IA 50853, Date:5/26/2023</p>	
<p>Date:      <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Mike Klocke</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer:      <b>712-779-2227</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351239</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MECHANICSVILLE TEL</b></p>					
<p>Signature of Authorized Officer: <b>Hans Arwine</b></p>				<p>Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop. tel. assn.,l=Mechanicsville IA 52306, Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Hans Arwine</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>563-432-7221</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351241</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MILES COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Scott Boehde</span></p>				<p><small>Digitally signed by Scott Boehde DN:cn=Scott Boehde,email=scott@milestelephone.com,O=miles coop. tel. assn.,l= , Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Scott Boehde</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-682-7111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351242</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MINBURN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Debra Lucht</span></p>				<p><small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecommunications, inc.,l=Minburn IA 50167, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Debra Lucht</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">515-677-2264</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351245</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MINERVA VALLEY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Mary Phillips</b></p>				<p>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:5/19/2023</p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Mary Phillips</b></p>					
<p>Title or position of Authorized Officer: <b>Business Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>641-487-7399</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351246</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>MODERN COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Brenda Bowman</b></p>				<p><small>Digitally signed by Brenda Bowman DN:cn=Brenda Bowman,email=mctcfone@netins.net,O=modern coop. tel. co.,l=South English IA 52335, Date:5/24/2023</small></p> <p>Date:      <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer:      <b>Brenda Bowman</b></p>					
<p>Title or position of Authorized Officer:      <b>Assistant Manager/CFO</b></p>					
<p>Telephone number of Authorized Officer:      <b>319-667-2375</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351247</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Mutual Tel Co of Morning Sun

Signature of Authorized Officer *Jeff R. Molle* Date 5/24/23

Printed name of Authorized Officer Jeff R. Molle

Title or position of Authorized Officer Executive Vice President

Telephone number of Authorized Officer: ( 319 ) 868 - 7636 , ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	351250		Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023	
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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.



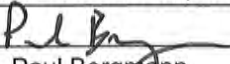
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MEDIAPOLIS TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Angie Rupe</span></p>				<p><small>Digitally signed by Angie Rupe DN:cn=Angie Rupe,email=arupe@mepotelco.net,O=mediapolis tel. co.,l=Mediapolis IA 52637, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Angie Rupe</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager &amp; CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-394-3456</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH ENGLISH COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Reed Ostenberg</b></p>				<p>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:5/17/2023</p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Reed Ostenberg</b></p>					
<p>Title or position of Authorized Officer: <b>COO</b></p>					
<p>Telephone number of Authorized Officer: <b>319-664-3821</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351257</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Northwest Iowa Telephone			
Signature of Authorized Officer 			Date 05/23/2023
Printed name of Authorized Officer Paul Bergmann			
Title or position of Authorized Officer GM			
Telephone number of Authorized Officer: (712) 271-4000 ext.			
Study Area Code of Reporting Carrier	351260	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHWEST COMM COOP</b></p>					
<p>Signature of Authorized Officer: <b>Gary Petersen</b></p>				<p>Digitally signed by Gary Petersen DN:cn=Gary Petersen,email=gpetersen@ncn.net,O=ayrshire fmrs. mut. tel. co.,l= , Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Gary Petersen</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-776-2222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351261</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>COMM 1 NETWORK</b>					
Signature of Authorized Officer: <b>Randy Yeakel</b>				<small>Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=goldfield tel. co.,l=Kanawha IA 50447, Date:5/18/2023</small> Date: <b>5/18/2023</b>	
Printed name of Authorized Officer: <b>Randy Yeakel</b>					
Title or position of Authorized Officer: <b>President/CEO</b>					
Telephone number of Authorized Officer: <b>641-762-3772</b>					
Study Area Code of Reporting Carrier	<b>351262</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OGDEN TEL. CO.-IA</b></p>					
<p>Signature of Authorized Officer: <b>James Heckman</b></p>				<p>Digitally signed by James Heckman DN:cn=James Heckman,email=jheckman@ogdentc.com,O=ogden tel. co.-ia, =Ogden IA 50212, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>James Heckman</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager / Executive VP</b></p>					
<p>Telephone number of Authorized Officer: <b>515-275-2050</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351263</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OLIN TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Frank Wood</span></p>				<p><small>Digitally signed by Frank Wood DN:cn=Frank Wood,email=olintel@netins.net,O=olin tel. co., inc.,l=Olin IA 52320-0130, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Frank Wood</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-484-2200</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351264</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Onslow Telephone Cooperative Assn.			
Signature of Authorized Officer 			Date 5/24/2023
Printed name of Authorized Officer Russ Benke			
Title or position of Authorized Officer General Manager			
Telephone number of Authorized Officer: (563) 485-2833 ext.			
Study Area Code of Reporting Carrier	351265	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ORAN MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Barb Gruetzmacher</b></p>				<p><small>Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Barb Gruetzmacher</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>319-638-6006</b></p>					
Study Area Code of Reporting Carrier	<b>351266</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PALO COOPERATIVE TELEPHONE ASSOCIATION</b></p>					
<p>Signature of Authorized Officer: <b>Erin Petersen</b></p>				<p>Digitally signed by Erin Petersen DN:cn=Erin Petersen,email=erin@palocommunications.net,O=palo cooperative telephone association,l=Palo IA 52324, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Erin Petersen</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-851-3431</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351269</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PALMER MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Steve Pelz</span></p>				<p><small>Digitally signed by Steve Pelz DN:cn=Steve Pelz,email=spelz@palmerone.com,O=palmer mutual tel. co.,l=Palmer IA 50571, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Steve Pelz</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Compliance Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-359-2411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351270</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PANORA COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Andrew Randol</b></p>				<p>Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora communications cooperative, Panora IA 50216, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Andrew Randol</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>641-755-2424</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351271</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TEL CO - IA</b></p>					
<p>Signature of Authorized Officer: <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchins on telephone company,lc= , Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351273</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier Prairieburg Telephone Company, Inc.					
Signature of Authorized Officer 				Date 05/31/23	
Printed name of Authorized Officer Jamie Pennello					
Title or position of Authorized Officer Vice President of Accounting					
Telephone number of Authorized Officer: (580) 529-8500 ext.					
Study Area Code of Reporting Carrier		351275	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>PRESTON TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>MaryBeth Heister</b></p>				<p>Digitally signed by MaryBeth Heister DN:cn=MaryBeth Heister,email=mary@prestontelephone.com,O=preston tel. co.,l=Preston IA 52069-0167, Date:5/18/2023</p>	
<p>Date:      <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>MaryBeth Heister</b></p>					
<p>Title or position of Authorized Officer:      <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer:      <b>563-689-3811</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351276</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RADCLIFFE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Edwin Drake</b></p>				<p><small>Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@radcliffetelephone.com,O=radcliffe tel. co., inc.,l=Radcliffe IA 50230-0140, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Edwin Drake</b></p>					
<p>Title or position of Authorized Officer: <b>Manager/President</b></p>					
<p>Telephone number of Authorized Officer: <b>515-899-2341</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351277</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RINGSTED TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Aaron McCartan</b></p>				<p>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.com,O=ringsted tel. co.,l=Ringsted IA 50578, Date:5/22/2023</p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Aaron McCartan</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>712-866-8000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351280</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCKWELL COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">David Severin</span></p>				<p><small>Digitally signed by David Severin DN: cn=David Severin, email=rockwell@netins.net, O=rockwell coop. tel. assn., I=Rockwell IA 50469, Date: 5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Severin</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Mgr/Assist Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-822-3212</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351282</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROYAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Noah</span></p>				<p><small>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel. co.,l=Royal IA 51357, Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">John Noah</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CCO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-933-2615</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351283</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RIVER VALLEY-RUTHVEN</b></p>					
<p>Signature of Authorized Officer: <b>Ivan Dalen</b></p>				<p>Digitally signed by Ivan Dalen DN:cn=Ivan Dalen,email=idalen@rvtc.co,O=river valley telecommunications coop.,l=Graettinger IA 51342, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Ivan Dalen</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>712-859-3300</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351284</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SAC COUNTY MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Ronald Sorensen</span></p>				<p><small>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:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Ronald Sorensen</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Compliance Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-668-2200</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351285</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SCHALLER TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Missy Kestel</b></p>				<p><small>Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel. co.,l=Schaller IA 51053, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Missy Kestel</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>712-275-4211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351291</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>SEARSBORO TEL CO</b></p>					
<p>Signature of Authorized Officer:      <b>Christopher Ulmer</b></p>				<p><small>Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=lynnville telephone company, Date:5/18/2023</small></p>	
<p>Date:      <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Christopher Ulmer</b></p>					
<p>Title or position of Authorized Officer:      <b>Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>610-928-3903</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351292</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SHARON TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Scott Havel</b></p>				<p>Digitally signed by Scott Havel DN:cn=Scott Havel,email=sharontc@sharontc.net,O=sharon tel. co.,l=Hills IA 52235, Date:5/19/2023</p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Scott Havel</b></p>					
<p>Title or position of Authorized Officer: <b>General manager</b></p>					
<p>Telephone number of Authorized Officer: <b>319-679-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351293</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SCRANTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Allen Jacob</span></p>				<p><small>Digitally signed by Allen Jacob DN:cn=Allen Jacob,email=allenjacob@netins.net,O=scranton tel. co.,l=Scranton IA 51462, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Allen Jacob</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-652-3355</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351294</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: SOUTH SLOPE COOP TEL					
Signature of Authorized Officer: <b>Chuck Deisbeck</b>				<small>Digitally signed by Chuck Deisbeck DN: cn=Chuck Deisbeck, email=chuck.deisbeck@southslope.com, O=south slope coop. tel. co., Date: 5/22/2023</small> Date: 5/22/2023	
Printed name of Authorized Officer: Chuck Deisbeck					
Title or position of Authorized Officer: CEO					
Telephone number of Authorized Officer: 319-626-2211					
Study Area Code of Reporting Carrier	351298		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

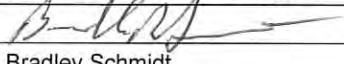
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FMTC-I35 (SWT)</b></p>					
<p>Signature of Authorized Officer: <b>Josh Hveem</b></p>				<p><small>Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,l=Truro IA 50257, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>641-765-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351301</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRINGVILLE COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Kim Snitker</span></p>				<p><small>Digitally signed by Kim Snitker DN:cn=Kim Snitker,email=springvl@netins.net,O=springville coop. tel. assn.,l=Springville IA 52336-0009, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kim Snitker</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer/ Executive Office Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-854-6107</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351302</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Cooperative Telephone Exchange			
Signature of Authorized Officer 			Date 5-17-23
Printed name of Authorized Officer Bradley Schmidt			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (515) 826-3206 ext.			
Study Area Code of Reporting Carrier	351303	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SO. SLOPE-SWISHER</b></p>					
<p>Signature of Authorized Officer: <b>Chuck Deisbeck</b></p>				<p><small>Digitally signed by Chuck Deisbeck DN: cn=Chuck Deisbeck, email=chuck.deisbeck@southslope.com, O=south slope coop. tel. co., Date: 5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Chuck Deisbeck</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>319-626-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351304</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>STRATFORD MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Jen Frank</b></p>				<p><small>Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel. co.,l=Stratford IA 50249, Date:5/18/2023</small></p> <p>Date:      <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer:      <b>Jen Frank</b></p>					
<p>Title or position of Authorized Officer:      <b>Assistant Secretary/Office Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>515-838-2390</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351305</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SULLY TEL. ASSOC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Earl "Jack" De Angelo</span></p>				<p><small>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:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Earl "Jack" De Angelo</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">641-594-2905</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351306</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SUPERIOR TEL. COOP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Cheryl Noble</span></p>				<p><small>Digitally signed by Cheryl Noble DN:cn=Cheryl Noble,email=cnoble@netins.net,O=superior tel. coop.,l=Superior IA 51363, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Cheryl Noble</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-858-4591</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351307</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TEMPLETON TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Joe Behrens</b></p>				<p>Digitally signed by Joe Behrens DN:cn=Joe Behrens,email=joebehrens2@netins.net,O=templeton tel. co.,l= , Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Joe Behrens</b></p>					
<p>Title or position of Authorized Officer: <b>Board Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>712-669-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351308</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TERRIL TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>John Noah</b></p>				<p>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@terril.com,O=terril telephone cooperative, =Terril IA 51364, Date:5/26/2023</p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer: <b>John Noah</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CCO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-853-1300</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351309</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TITONKA TEL. CO. DBA TITONKA-BURT COMM</b></p>					
<p>Signature of Authorized Officer: <b>Aaron McCartan</b></p>				<p>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:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Aaron McCartan</b></p>					
<p>Title or position of Authorized Officer: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>515-928-2110</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351310</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>UNITED FARMERS TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Roxanne White</b></p>				<p>Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel. co.,l=Every IA 51338, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Roxanne White</b></p>					
<p>Title or position of Authorized Officer: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>712-834-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351316</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VAN BUREN TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Monte Hagge</span></p>				<p><small>Digitally signed by Monte Hagge DN:cn=Monte Hagge,email=montehagge@netins.net,O=van buren tel. co., inc.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Monte Hagge</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-293-3187</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351319</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VAN HORNE COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Kristyn Frazier</span></p>				<p><small>Digitally signed by Kristyn Frazier DN:cn=Kristyn Frazier,email=vanhorne@netins.net,O=van horne coop. tel. co.,l=Van Horne IA 52346-0096, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kristyn Frazier</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-228-8791</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351320</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>VENTURA TEL CO, INC</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Lovell</b></p>				<p>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:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Thomas Lovell</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>641-357-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351322</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WEBSTER-CALHOUN COOP. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer: <b>Daryl Carlson</b></p>				<p><small>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:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Daryl Carlson</b></p>					
<p>Title or position of Authorized Officer: <b>Executive Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>515-352-3151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351328</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WELLMAN COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Dion Schminke</span></p>				<p><small>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:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dion Schminke</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager, COO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-646-6075</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351329</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WEST IOWA TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Robert Gannon</b></p>				<p><small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel. co.,l=Remsen IA 51050-0330, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Robert Gannon</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>712-786-5572</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351331</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST LIBERTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Justin Stinson</span></p>				<p><small>Digitally signed by Justin Stinson DN:cn=Justin Stinson,email=stinson@corp.Lcom.net,O=west liberty tel. co.,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Justin Stinson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">319-627-0218</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351332</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTERN IOWA TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Heath Mallory</span></p>				<p><small>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:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Heath Mallory</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-944-5711</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351334</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>WESTSIDE INDEPENDENT</b></p>					
<p>Signature of Authorized Officer:      <b>Kevin Skinner</b></p>				<p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/22/2023</small></p>	
<p>Date:      <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Kevin Skinner</b></p>					
<p>Title or position of Authorized Officer:      <b>CFO</b></p>					
<p>Telephone number of Authorized Officer:      <b>712-673-2311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351335</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Peterson</span></p>				<p><small>Digitally signed by Mark Peterson DN:cn=Mark Peterson,email=mwp@wtccommunications.com,O=wilton tel. co.,l=Wilton IA 52778-0970, Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Peterson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">563-732-3000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351336</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WOOLSTOCK MUT. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Chris Simmons</span></p>				<p><small>Digitally signed by Chris Simmons DN:cn=Chris Simmons,email=chris@wmtel.net,O=woolstock mut. tel. assn.,l= , Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Chris Simmons</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">515-839-5571</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351342</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WYOMING MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Kelly Brodersen</b></p>				<p><small>Digitally signed by Kelly Brodersen DN:cn=Kelly Brodersen,email=wyoming@netins.net,O=wyoming mutual tel. co.,l=Wyoming IA 52362, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Kelly Brodersen</b></p>					
<p>Title or position of Authorized Officer: <b>Board Secretary/Office Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>563-488-2535</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351343</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PRAIRIE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Skinner</b></p>				<p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kevin Skinner</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>712-673-2311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351344</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: ALLIANCE-HILLS IA					
Signature of Authorized Officer: 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:5/18/2023	
Date: 5/18/2023					
Printed name of Authorized Officer: Kari Flanagan					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 605-594-8228					
Study Area Code of Reporting Carrier	351405		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KILLDUFF TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Christopher Ulmer</span></p>				<p><small>Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=lynnville telephone company, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Christopher Ulmer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">610-928-3903</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351407</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MABEL COOP TEL-IA</b></p>					
<p>Signature of Authorized Officer: <b>Julie Kolka</b></p>				<p><small>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop. tel. co.-ia,l=Mabel MN 55954, Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Julie Kolka</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>507-493-5411</b></p>					
Study Area Code of Reporting Carrier	<b>351424</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ACE TEL ASSN-MN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Michael Osborne</span></p>				<p><small>Digitally signed by Michael Osborne DN:cn=Michael Osborne,email=mosborne@acentek.net,O=ace tel. co. of mi, inc.,l=Houston MN 55943, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Michael Osborne</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">616-892-0123</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361346</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALBANY MUTUAL TEL. ASSN., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jared Johnson</span></p>				<p><small>Digitally signed by Jared Johnson DN:cn=Jared Johnson,email=jared.johnson@albanytel.net,O=albany mutual tel. assn., inc.,l= , Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jared Johnson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-845-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361347</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WILDERNESS VALLEY</b></p>					
<p>Signature of Authorized Officer: <b>Shane Young</b></p>				<p>Digitally signed by Shane Young DN: cn=Shane Young, email=Shane@northerntelephone.net, O=wilderness valley telephone company, inc., Date: 5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Shane Young</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>218-488-6565</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361348</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITY OF BARNESVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Guy Swenson</span></p>				<p><small>Digitally signed by Guy Swenson DN: cn=Guy Swenson, email=tecmanager@barnesvillemn.com, O=city of barnesville tel. co., l=Barnesville MN 56514, Date: 5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Guy Swenson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">TEC Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-354-2292</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361353</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BENTON COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Cheryl Scapanski</b></p>				<p><small>Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop. tel. co.,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Cheryl Scapanski</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>320-393-2115</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361356</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CALLAWAY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Staci Malikowski</b></span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361365</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLARA CITY TEL EXCH</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc , Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361370</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLEMENTS TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Staci Malikowski</b></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-346-8498</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361372</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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>					

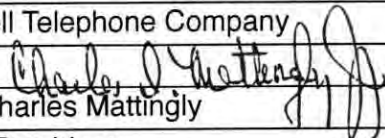
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TEL. CO.-MN</b></p>					
<p>Signature of Authorized Officer: <b>Greg Springer</b></p>				<p>Digitally signed by Greg Springer DN:cn=Greg Springer,email=greg@goclc.com,O=consolidated tel. co.-mn,l=Brainerd MN 56401, Date:5/19/2023</p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Greg Springer</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-454-1128</b></p>					
Study Area Code of Reporting Carrier	<b>361373</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Dunnell Telephone Company	
Signature of Authorized Officer					
Printed name of Authorized Officer			Charles Mattingly		
Title or position of Authorized Officer			President		
Telephone number of Authorized Officer:			9036630099, ext.		
Study Area Code of Reporting Carrier		361381		Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>EMILY COOP TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Josh Netland</b></p>				<p><small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop. tel. co.,l=Emily MN 56447, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Josh Netland</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>218-763-3000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361387</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. CO.-BELLINGHAM</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Beyer</b></p>				<p>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel. co.-bellingham,lc= , Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>320-568-2105</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361389</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FEDERATED TEL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Beyer</b></p>				<p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel. coop.,l=Chokio MN 56221, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>320-324-7111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361390</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GARDEN VALLEY TEL. CO. dba GARDEN VALLEY TECH</b></p>					
<p>Signature of Authorized Officer: <b>Steve Mueller</b></p>				<p>Digitally signed by Steve Mueller DN:cn=Steve Mueller,email=steve.mueller@gvtel.net,O=garden valley tel. co. dba garden valley tech,l=Ersine MN 56535, Date:5/26/2023</p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Steve Mueller</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-687-2400</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361395</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GARDONVILLE COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">David Wolf</span></p>				<p><small>Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop. tel. assn.,l= , Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Wolf</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO and General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">320-524-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361396</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HALSTAD TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mark Forseth</span></p>				<p><small>Digitally signed by Mark Forseth DN:cn=Mark Forseth, email=markforseth@rrv.net, O=halstad tel. co., l=Halstad MN 56548-0055, Date: 5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mark Forseth</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-456-2125</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361401</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FEDERATED TEL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Kevin Beyer</b></p>				<p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel. coop.,l=Chokio MN 56221, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>320-324-7111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361403</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HARMONY TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jill Huffman</span></p>				<p>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:5/25/2023</p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jill Huffman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-498-3456</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361404</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS MN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>				<p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030, Date:5/18/2023</p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361405</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HOME TEL CO - MN</b></p>					
<p>Signature of Authorized Officer: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023</p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-346-8498</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361408</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HUTCHINSON TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchins on telephone company, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361409</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Johnson Telephone Company			
Signature of Authorized Officer 			Date 05-26-2023
Printed name of Authorized Officer Dwayne Johnson			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer: (218) 566-2302 ext.			
Study Area Code of Reporting Carrier	361410	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KASSON &amp; MANTORVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Beth Tollefson</b></p>				<p><small>Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson &amp; mantorville tel. co.,l= , Date:5/31/2023</small></p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Beth Tollefson</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-634-2511</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361412</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LISMORE COOPERATIVE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <b>Tarri Joens</b></p>				<p>Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretele.com,O=lismore cooperative telephone co.,l=Lismore MN 56155-0127, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Tarri Joens</b></p>					
<p>Title or position of Authorized Officer: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>507-472-8748</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361419</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RUNESTONE TEL ASSN</b></p>					
<p>Signature of Authorized Officer: <b>Kent Hedstrom</b></p>				<p><small>Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent.hedstrom@runestone.com,O=runestone tel. assn.,l=Hoffman MN 56339-0336, Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Kent Hedstrom</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-986-2013</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361423</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MABEL COOP TEL - MN</b></p>					
<p>Signature of Authorized Officer: <b>Julie Kolka</b></p>				<p>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop. tel. co.-ia,l=Mabel MN 55954, Date:5/24/2023</p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Julie Kolka</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>507-493-5411</b></p>					
Study Area Code of Reporting Carrier	<b>361424</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHRISTENSEN COMMUNICATIONS COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Glen Christensen</b></p>				<p><small>Digitally signed by Glen Christensen DN:cn=Glen Christensen,email=glenc@chriscomco.net,O=christensen communications company,l= , Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Glen Christensen</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>507-642-5555</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361425</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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>					



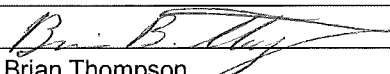
TO BE COMPLETED BY THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Manchester-Hartland Telephone Company**

Signature of Authorized Officer



Date **5/19/2023**

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, 2023**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MELROSE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Staci Malikowski</b></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-346-8498</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361430</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDWEST TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361431</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MINNESOTA VALLEY TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Danny Busche</span></p>				<p><small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=minnesota valley tel. co. inc.,l=Franklin MN 55333, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Danny Busche</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-557-2275</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361439</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NUVERA COMM.</b></p>					
<p>Signature of Authorized Officer: <b>Curt Kawlewski</b></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchins on telephone company,lc= , Date:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361442</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LORETEL SYSTEMS, INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361443</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PARK REGION MUTUAL</b></p>					
<p>Signature of Authorized Officer: <b>Dave Bickett</b></p>				<p><small>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:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>218-826-6161</b></p>					
Study Area Code of Reporting Carrier	<b>361450</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PAUL BUNYAN RURAL TEL. COOP.</b></p>					
<p>Signature of Authorized Officer: <b>Dave Schultz</b></p>				<p><small>Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural tel. coop.,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Dave Schultz</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>218-444-1141</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361451</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">REDWOOD COUNTY TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361472</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ROTHSAY TEL CO, INC</b></p>					
<p>Signature of Authorized Officer:      <b>Dave Bickett</b></p>				<p><small>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:5/19/2023</small></p>	
<p>Date:      <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer:      <b>218-826-6161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361474</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RUNESTONE TEL ASSN</b></p>					
<p>Signature of Authorized Officer: <b>Kent Hedstrom</b></p>				<p>Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent.hedstrom@runestone.com,O=runestone tel. assn.,l=Hoffman MN 56339-0336, Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kent Hedstrom</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-986-2013</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361475</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SACRED HEART TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc= , Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361476</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SCOTT RICE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchins on telephone company, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361479</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SLEEPY EYE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchins on telephone company,lc= , Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361483</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRING GROVE COMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jill Huffman</span></p>				<p>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:5/25/2023</p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jill Huffman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-498-3456</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361485</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STARBUCK TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc= , Date:5/22/2023</p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361487</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>UPSALA COOPERATIVE TELEPHONE ASSN.</b></p>					
<p>Signature of Authorized Officer: <b>Tony Gebhard</b></p>				<p>Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala cooperative telephone assn.,l=Upsala MN 56384, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Tony Gebhard</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>320-573-1390</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361494</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VALLEY TEL CO - MN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Dave Bickett</span></p>				<p><small>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:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dave Bickett</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-826-6161</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361495</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRI-CO/CROSSLAKE</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Josh Netland</span></p>				<p><small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop. tel. co.,l=Emily MN 56447, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Josh Netland</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-763-3000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361499</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHERN TEL CO - MN</b></p>					
<p>Signature of Authorized Officer: <b>Shane Young</b></p>				<p>Digitally signed by Shane Young DN:cn=Shane Young,email=Shane@northerntelephone.net,O=wildernes s valley telephone company, inc.,l= , Date:5/30/2023</p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Shane Young</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>218-488-6565</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361500</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST CENTRAL TELEPHONE ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Chad Bullock</b></span></p>				<p><small>Digitally signed by Chad Bullock DN:cn=Chad Bullock,email=chadb@wcta.net,O=west central telephone assn.,l=Sebeka MN 56477, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Chad Bullock</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO-GM</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">218-837-5151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361501</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.


<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTERN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Curt Kawlewski</span></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchins on telephone company,lc= , Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Curt Kawlewski</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-233-4172</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361502</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Wikstrom Telephone Co. Inc.**

Signature of Authorized Officer 

Date **05/26/2023**

Printed name of Authorized Officer **Leslie B Wikstrom**

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

Telephone number of Authorized Officer: **(218) 436-2121** ext.

Study Area Code of Reporting Carrier **361505**

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

June 16, 2023

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

TO BE COMPLETED BY THE REPORTING CARRIER.


<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WINTHROP TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Danny Busche</span></p>				<p><small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=minnesota valley tel. co. inc.,l=Franklin MN 55333, Date:5/19/2023</small></p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Danny Busche</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">507-557-2275</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361508</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WOODSTOCK TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Terry Nelson</b></p>				<p>Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock telephone company,l=Ruthon MN 56170, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Terry Nelson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>507-658-3830</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361510</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Wolverton Telephone Co.</b>				
Signature of Authorized Officer 				Date <b>5/17/2023</b>
Printed name of Authorized Officer <b>Karl Blake</b>				
Title or position of Authorized Officer <b>Executive Vice President</b>				
Telephone number of Authorized Officer: <b>(701) 284-7221</b> , ext.				
Study Area Code of Reporting Carrier	<b>361512</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ZUMBROTA TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>				<p>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, I= , Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361515</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>INTERSTATE TELECOMM.</b></p>					
<p>Signature of Authorized Officer: <b>Tracy Bandemer</b></p>				<p>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:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Tracy Bandemer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/ General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-874-2181</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361654</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ARAPAHOE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer:      <b>John Koller</b></p>				<p><small>Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.com,O=arapahoe telephone company,l=Arapahoe NE 68922, Date:5/19/2023</small></p>	
<p>Date:      <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>John Koller</b></p>					
<p>Title or position of Authorized Officer:      <b>VP Operations</b></p>					
<p>Telephone number of Authorized Officer:      <b>308-962-7298</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371516</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ELSIE COMM., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">David Shipley</span></p>				<p><small>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie communications, inc.,l=Colorado City CO 81019, Date:5/21/2023</small></p>	
<p>Date: <span style="color: blue;">5/21/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">David Shipley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">866-542-6780</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371518</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THREE RIVER TELCO</b></p>					
<p>Signature of Authorized Officer: <b>Steven Dorf</b></p>				<p>Digitally signed by Steven Dorf DN:cn=Steven Dorf,email=sdorf@threerivertelco.com,O=three river telco,l=Lynch NE 68746-0066, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Steven Dorf</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>402-569-2666</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371525</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CAMBRIDGE TEL CO -NE</b></p>					
<p>Signature of Authorized Officer: <b>J. Shoemaker</b></p>				<p>Digitally signed by J. Shoemaker DN:cn=J. Shoemaker,email=tom.shoemaker@pnpt.com,O=cambridge telephone company - ne, =Cambridge NE 69022, Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>J. Shoemaker</b></p>					
<p>Title or position of Authorized Officer: <b>V P Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer: <b>308-697-3333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371526</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TELCO</b></p>					
<p>Signature of Authorized Officer: <b>Wendy Thompson Fast</b></p>				<p><small>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:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-489-2728</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371530</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Wendy Thompson Fast</b></p>				<p><small>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:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-489-2728</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371532</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COZAD TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Marcus Young</b></p>				<p>Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad telephone company, Inc., Date: 5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Marcus Young</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>308-784-4044</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371534</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CURTIS TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Wendy Thompson Fast</b></p>				<p><small>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:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-489-2728</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371536</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: DALTON TEL CO, INC					
Signature of Authorized Officer: David Shipley				Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton telephone company, inc.,l=Colorado City CO 81019, Date:5/21/2023	
Date: 5/21/2023					
Printed name of Authorized Officer: David Shipley					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 866-542-6779					
Study Area Code of Reporting Carrier	371537		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DILLER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Loren Duerksen</b></p>				<p>Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller telephone company, Diller NE 68342-0236, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Loren Duerksen</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/Director of Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>402-793-5330</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371540</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GLENWOOD TEL MEMBER</b></p>					
<p>Signature of Authorized Officer: <b>Stanley Rouse</b></p>				<p>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood telephone membership corp.,I=Blue Hill NE 68930-0008, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Stanley Rouse</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>402-756-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371553</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAMILTON TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Nelson</span></p>				<p><small>Digitally signed by John Nelson DN:cn=John Nelson,email=john.nelson@hamiltonel.com,O=hamilton telephone company,l= , Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">John Nelson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-694-5101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371555</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HARTINGTON TELECOMMUNICATIONS CO., INC.</b></p>					
<p>Signature of Authorized Officer: <b>Dave Nilles</b></p>				<p>Digitally signed by Dave Nilles DN:cn=Dave Nilles,email=dnilles@hartel.net,O=hartington telecommunications co., inc.,l=Hartington NE 68739-0157, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Dave Nilles</b></p>					
<p>Title or position of Authorized Officer: <b>CFO/ General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>402-254-3901</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371556</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>HARTMAN TELEPHONE EXCHANGES INC.</b>					
Signature of Authorized Officer: <b>Jenna Burrell</b>				<small>Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=hartman telephone exchanges inc.,l=Benkelman NE 69021, Date:5/18/2023</small> Date: <b>5/18/2023</b>	
Printed name of Authorized Officer: <b>Jenna Burrell</b>					
Title or position of Authorized Officer: <b>Secretary</b>					
Telephone number of Authorized Officer: <b>308-423-5607</b>					
Study Area Code of Reporting Carrier	<b>371557</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HEMINGFORD COOP. TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Tonya Mayer</b></p>				<p>Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop. telephone company,l=Hemingford NE 69348-0246, Date:5/26/2023</p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Tonya Mayer</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>308-487-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371558</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HENDERSON CO-OP TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>James Mestl</b></p>				<p>Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henders on co-op telephone company,l=Henderson NE 68371, Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>James Mestl</b></p>					
<p>Title or position of Authorized Officer: <b>Board President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-723-4448</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371559</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>HERSHEY COOPERATIVE TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer:      <b>Rex Woolley</b></p>				<p>Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey cooperative telephone co, =Hershey NE 69143, Date:5/25/2023</p>	
<p>Date:      <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Rex Woolley</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer:      <b>308-368-5561</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371561</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>CONSOLIDATED TELECOM</b>					
Signature of Authorized Officer: <b>Wendy Thompson Fast</b>				<small>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:5/24/2023</small> Date: <b>5/24/2023</b>	
Printed name of Authorized Officer: <b>Wendy Thompson Fast</b>					
Title or position of Authorized Officer: <b>President</b>					
Telephone number of Authorized Officer: <b>402-489-2728</b>					
Study Area Code of Reporting Carrier	<b>371562</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HOOPER TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Robert Gannon</b></p>				<p><small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel. co.,l=Remsen IA 51050-0330, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Robert Gannon</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>712-786-5572</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371563</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>K &amp; M TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Magnuson</b></p>				<p>Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k &amp; m telephone company inc.,l=Chambers NE 68725, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Thomas Magnuson</b></p>					
<p>Title or position of Authorized Officer: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>402-482-5800</b></p>					
Study Area Code of Reporting Carrier	<b>371565</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD NET SRV</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Stanley Rouse</span></p>				<p>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood telephone membership corp.,I=Blue Hill NE 68930-0008, Date:5/22/2023</p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Stanley Rouse</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-756-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371567</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEBRASKA CENTRAL TEL</b></p>					
<p>Signature of Authorized Officer: <b>John Nelson</b></p>				<p><small>Digitally signed by John Nelson DN:cn=John Nelson,email=john.nelson@hamiltontel.com,O=nebraska central telephone company,lc= , Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>John Nelson</b></p>					
<p>Title or position of Authorized Officer: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-694-5101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371574</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>NORTHEAST NEBRASKA TELEPHONE COMPANY</b>					
Signature of Authorized Officer: <b>Patrick McElroy</b>				<small>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pat.mcelroy@nntcemployee.com,O=northeast nebraska telephone company,lc=, Date:5/24/2023</small> Date: <b>5/24/2023</b>	
Printed name of Authorized Officer: <b>Patrick McElroy</b>					
Title or position of Authorized Officer: <b>General Manager</b>					
Telephone number of Authorized Officer: <b>402-632-4321</b>					
Study Area Code of Reporting Carrier	<b>371576</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PIERCE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>William Fogle</b></p>				<p>Digitally signed by William Fogle DN:cn=William Fogle,email=wfogle@piercetelphone.com,O=pierce telephone company,l=Pierce NE 68767-0113, Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>William Fogle</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-329-6225</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371581</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PLAINVIEW TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Eric Nye</b></p>				<p>Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@plvwtelco.net,O=plainview telephone company inc.,l=Plainview NE 68769-0117, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Eric Nye</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-582-4242</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371582</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SODTOWN COMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Wendy Thompson Fast</span></p>				<p><small>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:5/24/2023</small></p>	
<p>Date: <span style="color: blue;">5/24/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Wendy Thompson Fast</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">402-489-2728</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371590</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTHEAST NEBRASKA COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Ray Joy</b></p>				<p>Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=southeast nebraska communications, inc.,l= , Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Ray Joy</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>402-245-4451</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371591</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STANTON TELECOM INC.</b></p>					
<p>Signature of Authorized Officer: <b>Nicholas Paden</b></p>				<p>Digitally signed by Nicholas Paden DN:cn=Nicholas Paden,email=npaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779, Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Nicholas Paden</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>402-439-2264</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371592</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WAUNETA TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Jenna Burrell</b></span></p>				<p><small>Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=wauneta tel. co.,l=Benkelman NE 69021, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jenna Burrell</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">308-423-5607</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371597</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BENKELMAN TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Jenna Burrell</b></p>				<p>Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=benkelman telephone company inc.,l=Benkelman NE 69021, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Jenna Burrell</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>308-423-5607</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>372455</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH DAKOTA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Shawna Senger</b></p>				<p>Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota telephone company,l=Devils Lake ND 58301, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Shawna Senger</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>701-662-6428</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381447</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Wolverton Telephone Co.</b>				
Signature of Authorized Officer 			Date <b>5/17/2023</b>	
Printed name of Authorized Officer <b>Karl Blake</b>				
Title or position of Authorized Officer <b>Executive Vice President</b>				
Telephone number of Authorized Officer: <b>(701) 284-7221</b> ext. _____				
Study Area Code of Reporting Carrier		<b>381509</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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.				

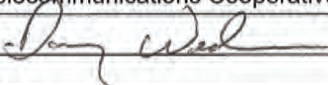
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BEK COMM. COOP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Brandon Vaughan</span></p>				<p><small>Digitally signed by Brandon Vaughan DN:cn=Brandon Vaughan,email=brandonv@bektel.coop,O=bek communications cooperative, Steele ND 58482, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Brandon Vaughan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO/Financial Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-475-1246</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381604</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TELCOM</b></p>					
<p>Signature of Authorized Officer: <b>Bryan Personne</b></p>				<p><small>Digitally signed by Bryan Personne DN:cn=Bryan Personne,email=bryan@consolidatednd.com,O=consolidated telecom,l=Dickinson ND 58602-1408, Date:5/17/2023</small></p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Bryan Personne</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>701-483-4000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381607</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Dakota Central Telecommunications Cooperative / DCTI</b>				
Signature of Authorized Officer 			Date <b>5/25/2023</b>	
Printed name of Authorized Officer <b>Doug Wede</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(701) 652-3184</b> , ext.				
Study Area Code of Reporting Carrier		<b>381610</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DICKEY RURAL TEL COOP.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Troy Radermacher</span></p>				<p><small>Digitally signed by Troy Radermacher DN:cn=Troy Radermacher,email=tradermacher@drtel.com,O=dickey rural tel coop.,l=Ellendale ND 58436, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Troy Radermacher</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-344-6061</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381611</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier			
Signature of Authorized Officer		Date	
Printed name of Authorized Officer			
Title or position of Authorized Officer			
Telephone number of Authorized Officer: (701) 284-7221 ext.			
Study Area Code of Reporting Carrier	381614	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRIGGS COUNTY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Tyler Kilde</b></p>				<p>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:5/26/2023</p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Tyler Kilde</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>701-437-9209</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381615</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTER-COMMUNITY TEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Brandon Vaughan</span></p>				<p><small>Digitally signed by Brandon Vaughan DN:cn=Brandon Vaughan,email=brandonv@bektel.coop,O=bek communications cooperative, Steele ND 58482, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Brandon Vaughan</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO/Financial Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-475-1246</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381616</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDSTATE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Shane Hart</span></p>				<p><small>Digitally signed by Shane Hart DN:cn=Shane Hart,email=shaneh@rtc.email,O=midstate telephone company,l=Parshall ND 58770-0068, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Shane Hart</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/ General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-862-3115</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381617</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: GRIGGS CTY (M&L)					
Signature of Authorized Officer: Tyler Kilde				<small>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:5/26/2023</small> Date: 5/26/2023	
Printed name of Authorized Officer: Tyler Kilde					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 701-437-9209					
Study Area Code of Reporting Carrier	381622		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHWEST COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Jennifer Bingeman</b></p>				<p><small>Digitally signed by Jennifer Bingeman DN:cn=Jennifer Bingeman,email=jenb@nccray.com,O=northwest communications cooperative, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Jennifer Bingeman</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>701-568-8101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381625</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Polar Communications</b>			
Signature of Authorized Officer 			Date <b>5/17/2023</b>
Printed name of Authorized Officer <b>Karl Blake</b>			
Title or position of Authorized Officer <b>CEO</b>			
Telephone number of Authorized Officer: <b>(701) 284-7221</b> ext.			
Study Area Code of Reporting Carrier	<b>381630</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.


<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM</b></p>					
<p>Signature of Authorized Officer: <b>Thomas Steinolfson</b></p>				<p><small>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:5/25/2023</small></p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Thomas Steinolfson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>701-553-8309</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381631</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				RESERVATION TELEPHONE COOPERATIVE	
Signature of Authorized Officer					Date 5/30/2023
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, 2023
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>UNITED TEL MUTUAL</b></p>					
<p>Signature of Authorized Officer: <b>Steve Swanson</b></p>				<p>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:5/26/2023</p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Steve Swanson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>701-256-5156</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381636</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">W. RIVER TELECOM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Troy Schilling</span></p>				<p><small>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications cooperative,l=Hazen ND 58545, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Troy Schilling</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">701-748-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381637</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MIDSTATE COMM.</b></p>					
<p>Signature of Authorized Officer: <b>Shane Hart</b></p>				<p><small>Digitally signed by Shane Hart DN:cn=Shane Hart,email=shaneh@rtc.email,O=midstate telephone company,l=Parshall ND 58770-0068, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Shane Hart</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/ General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>701-862-3115</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381638</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SRT COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Cassidy Hjelmstad</b></p>				<p><small>Digitally signed by Cassidy Hjelmstad DN:cn=Cassidy Hjelmstad,email=cassidyh@srttel.com,O=srt communications, inc.,l= , Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Cassidy Hjelmstad</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/ General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>701-838-9719</b></p>					
Study Area Code of Reporting Carrier	<b>383303</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALLIANCE-HILLS SD</b></p>					
<p>Signature of Authorized Officer: <b>Kari Flanagan</b></p>				<p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kari Flanagan</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-594-8228</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391405</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

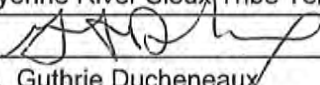
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-ARMOUR</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>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:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391640</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALLIANCE-BALTIC</b></p>					
<p>Signature of Authorized Officer: <b>Kari Flanagan</b></p>				<p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kari Flanagan</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-594-8228</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391642</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Cheyenne River Sioux Tribe Telephone Authority</b>				
Signature of Authorized Officer 				Date <b>05-26-2023</b>
Printed name of Authorized Officer <b>Guthrie Ducheneaux</b>				
Title or position of Authorized Officer <b>President</b>				
Telephone number of Authorized Officer: <b>(605) 964-2600</b> ext.				
Study Area Code of Reporting Carrier	<b>391647</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BERESFORD MUNICIPAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Austin Hansen</b></p>				<p>Digitally signed by Austin Hansen DN:cn=Austin Hansen,email=austinh@beresfordtel.com,O=beresford municipal tel. co.,l= , Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Austin Hansen</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-763-2500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391649</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLARITY TELECOM, LLC DBA BLUEPEAK</b></p>					
<p>Signature of Authorized Officer: <b>Snow Le</b></p>				<p><small>Digitally signed by Snow Le DN:cn=Snow Le,email=Snow.Le@mybluepeak.com,O=clarity telecom, llc dba bluepeak,lc= , Date:5/25/2023</small></p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Snow Le</b></p>					
<p>Title or position of Authorized Officer: <b>CAO</b></p>					
<p>Telephone number of Authorized Officer: <b>720-316-1257</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391652</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CITY OF FAITH MUNICIPAL TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Debbie Brown</b></p>				<p><small>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:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Debbie Brown</b></p>					
<p>Title or position of Authorized Officer: <b>Finance Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>605-967-2261</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391653</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTERSTATE TELECOMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Tracy Bandemer</span></p>				<p><small>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:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Tracy Bandemer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/ General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-874-2181</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391654</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALLIANCE-SPLITROCK</b></p>					
<p>Signature of Authorized Officer: <b>Kari Flanagan</b></p>				<p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kari Flanagan</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-594-8228</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391657</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST TELECOM</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>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:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391659</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FT RANDALL-MT RUSHMR</b></p>					
<p>Signature of Authorized Officer: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391660</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>JAMES VALLEY COOPERATIVE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>James Groft</b></p>				<p>Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley cooperative telephone company, Inc., Date: 5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>James Groft</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-397-2323</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391664</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Jefferson Telephone Company			
Signature of Authorized Officer 			Date 05/23/2023
Printed name of Authorized Officer Tom Connors			
Title or position of Authorized Officer Manager			
Telephone number of Authorized Officer: (712) 271-4000, ext.			
Study Area Code of Reporting Carrier	391666	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-KADOKA</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>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:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391667</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KENNEBEC TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Matt Collins</b></p>				<p>Digitally signed by Matt Collins DN:cn=Matt Collins,email=mattc@kennebectelephone.com,O=kennebec telephone company,I=Kennebec SD 57544, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Matt Collins</b></p>					
<p>Title or position of Authorized Officer: <b>President/Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-869-2220</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391668</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRIOTEL COMMUNICATIONS, INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Heather Kranz</span></p>				<p>Digitally signed by Heather Kranz DN:cn=Heather Kranz,email=heatherk@triotel.com,O=triotel communications, inc.,l=Salem SD 57058-0630, Date:5/19/2023</p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Heather Kranz</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/GM</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-425-2238</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391669</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MIDSTATE COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Chad Mutziger</b></p>				<p><small>Digitally signed by Chad Mutziger DN:cn=Chad Mutziger,email=chad@midstaff.net,O=midstate communications, inc.,l=Kimball SD 57355, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Chad Mutziger</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-778-6221</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391670</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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>					

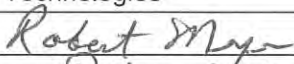
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WEST RIVER(MOBRIDGE)</b></p>					
<p>Signature of Authorized Officer: <b>Troy Schilling</b></p>				<p>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications cooperative,l=Hazen ND 58545, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Troy Schilling</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>701-748-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391671</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				RC Technologies	
Signature of Authorized Officer					
Date			5/26/23		
Printed name of Authorized Officer					
Robert Meyer					
Title or position of Authorized Officer					
President of the Board					
Telephone number of Authorized Officer: (605) 637-5211 ext.					
Study Area Code of Reporting Carrier		391674		Filing Due Date for this form (mm/dd/yyyy)	
				June 16, 2023	

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



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>SANTEL COMM. COOP.</b></p>					
<p>Signature of Authorized Officer:      <b>Ryan Thompson</b></p>				<p>Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.coop,O=santel communications cooperative, inc.,l=Woonsocket SD 57385-0067, Date:5/18/2023</p>	
<p>Date:      <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Ryan Thompson</b></p>					
<p>Title or position of Authorized Officer:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer:      <b>605-796-8143</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391676</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-SIOUX VY</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>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:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391677</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>VENTURE COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer: <b>Fay Jandreau</b></p>				<p>Digitally signed by Fay Jandreau DN:cn=Fay Jandreau,email=fayj@venture.coop,O=venture communications cooperative,l=Highmore SC 57345, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Fay Jandreau</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-852-2224</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391680</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-UNION</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>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:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391684</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VALLEY TELECOMM. COOP. ASSN., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jeff Symens</span></p>				<p><small>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:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jeff Symens</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">605-437-2615</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391685</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-VIVIAN</b></p>					
<p>Signature of Authorized Officer: <b>Dennis Law</b></p>				<p>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:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391686</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WEST RIVER COOPERATIVE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Eric Kahler</b></p>				<p><small>Digitally signed by Eric Kahler DN:cn=Eric Kahler,email=ekahler@wrctc.coop,O=west river cooperative tel. co.,l= , Date:5/23/2023</small></p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Eric Kahler</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>605-244-5213</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391689</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ARKANSAS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Randy McCaslin</b></p>				<p>Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas telephone company,l=Clinton AR 72031, Date:5/30/2023</p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Randy McCaslin</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>501-745-2114</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401692</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CENTRAL ARKANSAS TEL. COOP INC.</b></p>					
<p>Signature of Authorized Officer: <b>Larry Frazier</b></p>				<p><small>Digitally signed by Larry Frazier DN:cn=Larry Frazier,email=larryf@catc.net,O=central arkansas tel. coop inc.,l=Bismarck AR 71929, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Larry Frazier</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>501-865-7008</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401697</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CLEVELAND COUNTY TEL</b></p>					
<p>Signature of Authorized Officer: <b>Wendy Ottman</b></p>				<p>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/26/2023</p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>573-835-4051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401698</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DECATUR TEL CO INC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Wendy Ottman</span></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Wendy Ottman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">573-835-4051</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401699</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTH ARKANSAS TEL. CO.,INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Greg Ashcraft</span></p>				<p><small>Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel. co.,inc.,l=Sheridan AR 72150, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Greg Ashcraft</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">870-942-4344</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401702</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAVACA TEL CO-AR</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Trent LeForce</span></p>				<p><small>Digitally signed by Trent LeForce DN: cn=Trent LeForce, email=tleforce@dobson.net, O=lavaca telephone-ar, l= , Date: 5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Trent LeForce</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">405-242-0336</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401704</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MADISON COUNTY TEL. CO. INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tom Shrum</span></p>				<p><small>Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel. co. inc.,l=Huntsville AR 72740, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tom Shrum</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">479-738-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401709</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MAGAZINE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Cheryl Stone</b></p>				<p>Digitally signed by Cheryl Stone DN:cn=Cheryl Stone,email=magtel@magtel.com,O=magazine telephone company,l=Magazine AR 72943, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Cheryl Stone</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>479-969-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401710</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOUNTAIN VIEW TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Aaron Millsap</span></p>				<p>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:5/30/2023</p>	
<p>Date: <span style="color: blue;">5/30/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Aaron Millsap</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">870-425-3100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401712</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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>					



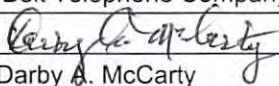
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHERN ARKANSAS TEL. CO.,INC.</b></p>					
<p>Signature of Authorized Officer: <b>Steven Sanders, Jr.</b></p>				<p>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:5/17/2023</p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Steven Sanders, Jr.</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>870-453-9273</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401713</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PRAIRIE GROVE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>David Parks</b></p>				<p><small>Digitally signed by David Parks DN:cn=David Parks,email=dmp@pgtc.com,O=prairie grove telephone company,l=Prairie Grove AR 72753, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>David Parks</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>479-846-7200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401718</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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>					

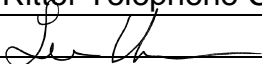
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Rice Belt Telephone Company, Inc.				
Signature of Authorized Officer 			Date 5/19/2023	
Printed name of Authorized Officer Darby A. McCarty				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (812) 876-2211 ext.				
Study Area Code of Reporting Carrier	401721	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier					E. Ritter Telephone Company, LLC				
Signature of Authorized Officer						Date		05/30/2023	
Printed name of Authorized Officer					Lexanne Horton				
Title or position of Authorized Officer					CFO				
Telephone number of Authorized Officer: ( 870 ) 336 - 2321, ext. _____									
Study Area Code of Reporting Carrier			401722		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2023		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.									

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTHWEST ARKANSAS TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Tina Moore</b></p>				<p>Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=southwest arkansas tel. coop. inc.,l= , Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Tina Moore</b></p>					
<p>Title or position of Authorized Officer: <b>Accountant</b></p>					
<p>Telephone number of Authorized Officer: <b>870-653-8222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401724</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WALNUT HILL TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tammy Souza</span></p>				<p><small>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tammy Souza</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accounting Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">904-259-0036</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401729</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>YELCOT TEL CO INC</b></p>					
<p>Signature of Authorized Officer: <b>Aaron Millsap</b></p>				<p>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:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Aaron Millsap</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>870-425-3100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401733</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SCOTT COUNTY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Karen Gilliam</b></p>				<p><small>Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county telephone company,l=Avilla MO 64833, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Karen Gilliam</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>479-923-4200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>403031</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BLUE VALLEY TELE-COMMUNICATIONS, INC.					
Signature of Authorized Officer: Candace Wright				<small>Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-communications, inc.,l= , Date:5/22/2023</small> Date: 5/22/2023	
Printed name of Authorized Officer: Candace Wright					
Title or position of Authorized Officer: GM/CEO					
Telephone number of Authorized Officer: 785-799-3657					
Study Area Code of Reporting Carrier	411746		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COUNCIL GROVE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Dale Jones</b></p>				<p><small>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:5/17/2023</small></p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Dale Jones</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>620-767-5153</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411758</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CUNNINGHAM TELEPHONE CO. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Brent Cunningham</b></p>				<p>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:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Brent Cunningham</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>785-545-3215</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411761</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ELKHART TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Becky Scott</b></p>				<p><small>Digitally signed by Becky Scott DN:cn=Becky Scott,email=bscott@epictouch.com,O=elkhart telephone company inc.,l=Elkhart KS 67950, Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Becky Scott</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>620-697-2111</b></p>					
Study Area Code of Reporting Carrier	<b>411764</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GOLDEN BELT TELEPHONE ASSN. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Beau Rebel</b></p>				<p><small>Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbtlive.com,O=golden belt telephone assn. inc.,l= , Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Beau Rebel</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>785-372-4236</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411777</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GORHAM TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Tonya Murphy</b></p>				<p>Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham telephone company inc.,l=Gorham KS 67640-0235, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Tonya Murphy</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>785-637-5300</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411778</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HAVILAND TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Mark Wade</b></p>				<p>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandelco.com,O=j. b. n. telephone company inc.,l=Haviland KS 67059, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Wade</b></p>					
<p>Title or position of Authorized Officer: <b>VP of Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>620-862-5211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411780</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>H &amp; B COMMUNICATIONS INC.</b>					
Signature of Authorized Officer: <b>Brandon Koch</b>				<small>Digitally signed by Brandon Koch DN:cn=Brandon Koch,email=brkoch@hbcomm.net,O=h &amp; b communications inc.,l= , Date:5/19/2023</small> Date: <b>5/19/2023</b>	
Printed name of Authorized Officer: <b>Brandon Koch</b>					
Title or position of Authorized Officer: <b>President and General Manager</b>					
Telephone number of Authorized Officer: <b>785-252-4000</b>					
Study Area Code of Reporting Carrier	<b>411781</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>J. B. N. TEL CO INC</b></p>					
<p>Signature of Authorized Officer: <b>Mark Wade</b></p>				<p>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandelco.com,O=j. b. n. telephone company inc.,l=Haviland KS 67059, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Wade</b></p>					
<p>Title or position of Authorized Officer: <b>VP of Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>620-862-5211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411785</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KANOKLA TEL ASSN-KS</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">David Nance</span></p>				<p><small>Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks,j= , Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Nance</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Operating Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-845-5682</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411788</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MADISON TELEPHONE, LLC</b></p>					
<p>Signature of Authorized Officer: <b>Shana Rains</b></p>				<p>Digitally signed by Shana Rains DN:cn=Shana Rains,email=mtn.shana@gmail.com,O=madison telephone, llc,l=Madison KS 66860, Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Shana Rains</b></p>					
<p>Title or position of Authorized Officer: <b>Regulatory Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>620-437-2356</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411801</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOKAN DIAL INC-KS</b></p>					
<p>Signature of Authorized Officer: <b>Tammy Souza</b></p>				<p>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/30/2023</p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Tammy Souza</b></p>					
<p>Title or position of Authorized Officer: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>904-259-0036</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411807</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MUTUAL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>John Tietjens</b></p>				<p>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mutual telephone company,l=Little River KS 67457, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>John Tietjens</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-897-6200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411809</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TELECOMMUNICATIONS, LLC</b></p>					
<p>Signature of Authorized Officer: <b>Jennifer Leach</b></p>				<p>Digitally signed by Jennifer Leach DN:cn=Jennifer Leach,email=jennifer@peoplestelecom.net,O=peoples telecommunications, llc,l=La Cygne KS 66040, Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Jennifer Leach</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>913-757-2500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411814</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CRAW-KAN TEL COOP</b></p>					
<p>Signature of Authorized Officer: <b>Craig Wilbert</b></p>				<p><small>Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=cwilbert@ckt.net,O=craw-kan telephone coop inc- ks,l=Girard KS 66743-0100, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Craig Wilbert</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-724-8235</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411818</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RAINBOW TELECOMMUNICATIONS ASSOC., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Kathy Ruoff</span></p>				<p><small>Digitally signed by Kathy Ruoff DN:cn=Kathy Ruoff,email=kathy@rainbowtel.com,O=rainbow telecommunications assoc., inc.,l=Everest KS 66424, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Kathy Ruoff</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller/CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">785-548-7511</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411820</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>S &amp; A TEL CO INC</b></p>					
<p>Signature of Authorized Officer: <b>Deborah Rand</b></p>				<p>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c.,l= , Date:5/22/2023</p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Deborah Rand</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>603-472-9786</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411829</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>S. CENTRAL TEL - KS</b></p>					
<p>Signature of Authorized Officer: <b>Carla Shearer</b></p>				<p><small>Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn. inc.-ks,l= , Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Carla Shearer</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-930-1082</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411831</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRI-COUNTY TEL ASSN</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Dale Jones</span></p>				<p><small>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:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Dale Jones</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-767-5153</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411839</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>UNITED TELEPHONE ASSOCIATION, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Jennifer Pachner</b></p>				<p>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:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Jennifer Pachner</b></p>					
<p>Title or position of Authorized Officer: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer: <b>620-227-8641</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411841</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WHEAT STATE TELEPHONE, INC.					
Signature of Authorized Officer: Randy Hoffman				<small>Digitally signed by Randy Hoffman DN:cn=Randy Hoffman,email=rhoffman@wheatstate.com,O=wheat state telephone, inc.,l=Udall KS 67146, Date:5/22/2023</small> Date: 5/22/2023	
Printed name of Authorized Officer: Randy Hoffman					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 620-782-3341					
Study Area Code of Reporting Carrier	411847		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WILSON TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Craig Freeman</b></p>				<p>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:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Craig Freeman</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President / General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>785-658-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411849</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ZENDA TEL COMPANY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=zenda telephone company inc.,l= , Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">304-983-8642</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411852</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BPS Telephone Company</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Lisa Winberry</span></p>				<p>Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps telephone company,l=Bernie MO 63822-0550, Date:5/19/2023</p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Lisa Winberry</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">573-293-2277</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">420463</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">IAMO COMM - MO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tim Toepfer</span></p>				<p><small>Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=ttoepfer@iamo.tel,O=iamo communications, inc.-ia,l= , Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Tim Toepfer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO &amp; General Manage</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">712-583-3232</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421206</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOKAN DIAL INC-MO</b></p>					
<p>Signature of Authorized Officer: <b>Tammy Souza</b></p>				<p>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/30/2023</p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Tammy Souza</b></p>					
<p>Title or position of Authorized Officer: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>904-259-0036</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421807</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALMA COMMUNICATIONS COMPANY DBA ALMA TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Adolf Heins</b></p>				<p><small>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:5/19/2023</small></p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Adolf Heins</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>660-674-2297</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421860</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHARITON VALLEY TELEPHONE CORPORATION</b></p>					
<p>Signature of Authorized Officer: <b>Ryan Johnson</b></p>				<p><small>Digitally signed by Ryan Johnson DN:cn=Ryan Johnson,email=rjohnson@charitonvalley.com,O=chariton valley telephone corporation,lf= , Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Ryan Johnson</b></p>					
<p>Title or position of Authorized Officer: <b>Interim President &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>660-395-9657</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421864</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ELLINGTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Dee McCormack</b></p>				<p><small>Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington telephone company,l=Ellington MO 63638, Date:5/17/2023</small></p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Dee McCormack</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>573-663-2000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421874</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARBER TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Wendy Ottman</b></p>				<p>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=farber telephone company,l=Oregon MO 64473, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>573-835-4051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421876</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Fidelity Telephone LLC	
Signature of Authorized Officer			Date 5/30/23		
Printed name of Authorized Officer			Krista M Kauffman		
Title or position of Authorized Officer			Vice President		
Telephone number of Authorized Officer: ( ) - . ext.			602 364-6000		
Study Area Code of Reporting Carrier	421882	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRANBY TEL CO - MISSOURI</b></p>					
<p>Signature of Authorized Officer: <b>Cheri Johnson</b></p>				<p><small>Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - missouri,l=Granby MO 64844, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Cheri Johnson</b></p>					
<p>Title or position of Authorized Officer: <b>Corporate Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>417-472-5513</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421887</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GREEN HILLS TEL CORP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Adams</span></p>				<p><small>Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghtc.com,O=green hills telephone corp.,l=Breckenridge MO 64625, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Adams</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">EVP/GM</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">660-644-5411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421890</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHOCTAW TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer: <b>Tammy Souza</b></p>				<p>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Tammy Souza</b></p>					
<p>Title or position of Authorized Officer: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>904-259-0036</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421893</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KINGDOM TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Marla McCowan</b></p>				<p>Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mmccowan@kingdomtelco.com,O=kingdom telephone company,l=Auxvasse MO 65231, Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Marla McCowan</b></p>					
<p>Title or position of Authorized Officer: <b>Assistant Board Secretary</b></p>					
<p>Telephone number of Authorized Officer: <b>573-386-2241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421901</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Le-Ru Telephone Co., Inc.				
Signature of Authorized Officer 				Date May 30, 2023
Printed name of Authorized Officer Wesley 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, 2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MCDONALD COUNTY TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <b>Ross Babbitt</b></p>				<p>Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=ross@southwestmo.com,O=mcdonald county telephone co.,l=Pineville MO 64856-0207, Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Ross Babbitt</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>417-223-4313</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421912</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MILLER TEL CO - MO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Ludenia</span></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=miller telephone company - mo,l= , Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">304-983-8642</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421920</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEW FLORENCE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Wendy Ottman</b></p>				<p>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=farber telephone company,l=Oregon MO 64473, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>573-835-4051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421927</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NEW LONDON TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Wendy Ottman</b></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=farber telephone company,l=Oregon MO 64473, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>573-835-4051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421928</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST MISSOURI RURAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Michele Gillespie</b></p>				<p>Digitally signed by Michele Gillespie DN:cn=Michele Gillespie,email=mvan@nemr.net,O=northeast missouri rural tel. co.,l= , Date:5/23/2023</p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Michele Gillespie</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>660-874-4111</b></p>					
Study Area Code of Reporting Carrier	<b>421931</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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>					

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

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier		<b>Lathrop Telephone Company</b>	
Signature of Authorized Officer x	<i>Gregg Davis</i>	Date May 23, 2023	
Printed name of Authorized Officer		Gregg Davis	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		( 660 ) 748-3231 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>421932</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ORCHARD FARM TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Wendy Ottman</b></p>				<p>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=farber telephone company,l=Oregon MO 64473, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>573-835-4051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421934</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OREGON FARMERS MUT</b></p>					
<p>Signature of Authorized Officer: <b>Charles Custer</b></p>				<p><small>Digitally signed by Charles Custer DN:cn=Charles Custer,email=ccuster@townes.net,O=oregon farmers mutual tel. co.,l=Lewisville AR 71845, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Charles Custer</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>870-921-5758</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421935</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEACE VALLEY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Kelly Bosserman</b></p>				<p>Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman,email=kbosserman@hotmail.com,O=peace valley tel co,l=Peace Valley MO 65788-0009, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kelly Bosserman</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>417-277-5550</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421936</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ROCK PORT TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Rick Bradley</b></p>				<p>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:5/23/2023</p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Rick Bradley</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>660-744-5311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421942</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STOUTLAND TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Wendy Ottman</b></p>				<p>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=farber telephone company,l=Oregon MO 64473, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer: <b>573-835-4051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421951</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>LAVACA TEL CO-OK</b></p>					
<p>Signature of Authorized Officer:      <b>Trent LeForce</b></p>				<small>Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tleforce@dobson.net,O=lavaca telephone-ar,l= , Date:5/22/2023</small>  <p>Date:      <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer:      <b>Trent LeForce</b></p>					
<p>Title or position of Authorized Officer:      <b>CFO</b></p>					
<p>Telephone number of Authorized Officer:      <b>405-242-0336</b></p>					
Study Area Code of Reporting Carrier	<b>431704</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KANOKLA TEL ASSN-OK</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">David Nance</span></p>				<p><small>Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks,j= , Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Nance</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Operating Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-845-5682</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431788</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>S. CENTRAL TEL - OK</b></p>					
<p>Signature of Authorized Officer: <b>Carla Shearer</b></p>				<p>Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn. inc.-ks,l= , Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Carla Shearer</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>620-930-1082</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431831</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ATLAS TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <b>Barbara Summa</b></p>				<p><small>Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas telephone co.,l=Big Cabin OK 74332-0077, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Barbara Summa</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>918-783-5111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431966</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

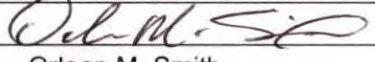
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BEGGS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Kay Mount</b></p>				<p>Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs telephone company,l=Beggs OK 74421-0749, Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kay Mount</b></p>					
<p>Title or position of Authorized Officer: <b>Pres. &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>918-267-3636</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431968</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Canadian Valley Telephone Co.**

Signature of Authorized Officer  Date **05/30/2023**

Printed name of Authorized Officer **Orlean M. Smith**

Title or position of Authorized Officer **President/GM**

Telephone number of Authorized Officer: **(918) 334-3700**, ext.

Study Area Code of Reporting Carrier	<b>431974</b>	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
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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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>CARNEGIE TELEPHONE CO.INC.</b>					
Signature of Authorized Officer: <b>James Powers</b>				<small>Digitally signed by James Powers DN:cn=James Powers,email=jpowers@carnegietelephone.com,O=carnegie telephone co.inc.,l=Carnegie OK 73015, Date:5/23/2023</small> Date: <b>5/23/2023</b>	
Printed name of Authorized Officer: <b>James Powers</b>					
Title or position of Authorized Officer: <b>Vice President/General Manager</b>					
Telephone number of Authorized Officer: <b>580-654-1002</b>					
Study Area Code of Reporting Carrier	<b>431976</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CENTRAL OKLAHOMA TELEPHONE CO., L.L.C.</b></p>					
<p>Signature of Authorized Officer: <b>Steve Guest</b></p>				<p>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:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Steve Guest</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>918-377-2241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431977</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHEROKEE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <b>Samuel Sanchez</b></p>				<p>Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee telephone co.,l= , Date:5/31/2023</p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Samuel Sanchez</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>580-434-5375</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431979</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHICKASAW TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Larry Jones</span></p>				<p><small>Digitally signed by Larry Jones DN:cn=Larry Jones,email=larry@chickasawphone.net,O=chickasaw telephone co.,l=Sulphur OK 73086-0460, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Larry Jones</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">580-622-5223</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431980</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CIMARRON TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>H. Baldwin</b></p>				<p><small>Digitally signed by H. Baldwin DN:cn=H. Baldwin,email=hgb@cimtel.net,O=cimarron tel. co.,l=Mannford OK 74044, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>H. Baldwin</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>918-865-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431982</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GRAND TELEPHONE CO. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Jason Anderson</b></p>				<p><small>Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand telephone co. inc.,l=Jay OK 74346-0308, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Jason Anderson</b></p>					
<p>Title or position of Authorized Officer: <b>Controller/Co-Manager/1st Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>918-253-4231</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431994</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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>					

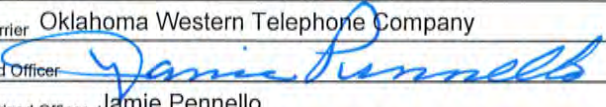
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HINTON TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer: <b>Kenneth Doughty</b></p>				<p><small>Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton telephone co.,l=Hinton OK 73047, Date:5/25/2023</small></p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Kenneth Doughty</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>405-542-3262</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431995</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Medicine Park Telephone Company</b>				
Signature of Authorized Officer 				Date <b>05/31/23</b>
Printed name of Authorized Officer <b>Jamie Pennello</b>				
Title or position of Authorized Officer <b>Vice President of Accounting</b>				
Telephone number of Authorized Officer: <b>(580) 529-8500</b> , ext.				
Study Area Code of Reporting Carrier	<b>432008</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Oklahoma Western Telephone Company				
Signature of Authorized Officer 			Date 05/31/23	
Printed name of Authorized Officer Jamie Pennello				
Title or position of Authorized Officer Vice President of Accounting				
Telephone number of Authorized Officer: (580) 529-8500, ext.				
Study Area Code of Reporting Carrier	432014		Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>POTTAWATOMIE TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>H. Baldwin</b></p>				<p><small>Digitally signed by H. Baldwin DN:cn=H. Baldwin,email=hgb@cimtel.net,O=cimarron tel. co.,l=Mannford OK 74044, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>H. Baldwin</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>918-865-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432020</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SALINA-SPAVINAW TEL. CO.,INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Scott Boone</span></p>				<p><small>Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel. co.,inc.,l=Salina OK 74365, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Scott Boone</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">918-434-5392</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432022</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KANOKLA SHIDLER</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">David Nance</span></p>				<p><small>Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks,j= , Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">David Nance</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Operating Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">620-845-5682</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432023</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TERRAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Chad Segress</span></p>				<p><small>Digitally signed by Chad Segress DN:cn=Chad Segress,email=chad@wavelinx.com,O=terral tel. co.,l= , Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Chad Segress</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">405-609-7164</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432029</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>VALLIANT TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Tommy Dorries</b></p>				<p><small>Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant telephone company, =Valliant OK 74764, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Tommy Dorries</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer: <b>580-933-4400</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>432032</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WYANDOTTE TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Wendy Ottman</span></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Wendy Ottman</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">573-835-4051</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432034</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Cameron Telephone Company - Texas	
Signature of Authorized Officer					
Date			05/31/2023		
Printed name of Authorized Officer				John R. Walter	
Title or position of Authorized Officer				EVP, General Counsel and Secretary	
Telephone number of Authorized Officer:				(913) 387-9328 ext.	
Study Area Code of Reporting Carrier		440425		Filing Due Date for this form (mm/dd/yyyy)	
				June 16, 2023	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BLOSSOM TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Clint Dorries</b></p>				<p><small>Digitally signed by Clint Dorries DN:cn=Clint Dorries,email=clint@blossomtel.net,O=blossom telephone company,l=Blossom TX 75416, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Clint Dorries</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>903-982-5200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442038</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BIG BEND TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Rusty Moore</b></p>				<p>Digitally signed by Rusty Moore DN:cn=Rusty Moore,email=rusty.moore@bbtco.com,O=big bend telephone company inc.,l= , Date:5/30/2023</p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Rusty Moore</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>432-364-0089</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442039</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BRAZORIA TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Mark Garner</b></p>				<p>Digitally signed by Mark Garner DN:cn=Mark Garner,email=mark@btel.com,O=brazoria tel. co.,l=BRAZORIA TX 77422, Date:5/22/2023</p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Mark Garner</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>979-798-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442040</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAP ROCK TELEPHONE COOPERATIVE, INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jim Whitefield</span></p>				<p>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: 5/24/2023</p>	
<p>Date: <span style="color: blue;">5/24/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jim Whitefield</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Executive Vice President/General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">806-271-3336</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442046</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CENTRAL TEXAS TELEPHONE CO-OP. INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jamey Wigley</span></p>				<p>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:5/23/2023</p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Jamey Wigley</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">325-648-2237</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442052</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COLEMAN COUNTY TELEPHONE CO-OP. INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tim Humpert</span></p>				<p>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:5/23/2023</p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Tim Humpert</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">325-348-3124</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442057</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COLORADO VALLEY TELEPHONE CO-OP. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Kelly Allison</b></p>				<p>Digitally signed by Kelly Allison DN:cn=Kelly Allison,email=kellya@coloradovallley.com,O=colorado valley telephone co-op. inc.,l=La Grange TX 78945, Date:5/26/2023</p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kelly Allison</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>979-247-8315</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442059</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CUMBY TELEPHONE COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer: <b>Karen Zimmerman</b></p>				<p>Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karen@cumbytel.net,O=cumby telephone cooperative inc.,l=Cumby TX 75433, Date:5/31/2023</p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Karen Zimmerman</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>903-994-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442065</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DELL TEL. CO-OP - TX</b></p>					
<p>Signature of Authorized Officer: <b>J Martinez</b></p>				<p>Digitally signed by J Martinez DN:cn=J Martinez,email=Ruben@delltelco.com,O=dell telephone co-op. inc. - tx, Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>J Martinez</b></p>					
<p>Title or position of Authorized Officer: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>915-964-2352</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442066</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier Electra Telephone Company					
Signature of Authorized Officer 					Date 05/31/23
Printed name of Authorized Officer Jamie Pennello					
Title or position of Authorized Officer Vice President of Accounting					
Telephone number of Authorized Officer: (580) 529-8500, ext.					
Study Area Code of Reporting Carrier	442069		Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Border to Border Communications, Inc.				
Signature of Authorized Officer 				Date 05/31/23
Printed name of Authorized Officer Jamie Pennello				
Title or position of Authorized Officer Vice President of Accounting				
Telephone number of Authorized Officer: (580) 529-8500 ext.				
Study Area Code of Reporting Carrier	442073	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				



TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>GANADO TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer: <b>Bill Rakowitz</b></p>				<p>Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado telephone company inc.,l=Ganado TX 77962-0329, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Bill Rakowitz</b></p>					
<p>Title or position of Authorized Officer: <b>VP - Regulatory &amp; Compliance</b></p>					
<p>Telephone number of Authorized Officer: <b>361-771-3331</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442076</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HILL COUNTRY TELEPHONE COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer: <b>R. Cook</b></p>				<p>Digitally signed by R. Cook DN:cn=R. Cook,email=ccook@hctc.coop,O=hill country telephone cooperative, inc.,l=Ingram TX 78025, Date:5/25/2023</p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer: <b>R. Cook</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>830-367-5333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442086</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALENCO COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Ray Bussell</b></p>				<p><small>Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communications, inc.,l=Joshua TX 76058, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Ray Bussell</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>817-447-0127</b></p>					
Study Area Code of Reporting Carrier	<b>442090</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ETS TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer:      <b>Sam Luxton</b></p>				<p><small>Digitally signed by Sam Luxton DN:cn=Sam Luxton,email=sluxton@entouchsystems.net,O=ets telephone company, inc.,l= , Date:5/31/2023</small></p>	
<p>Date:      <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Sam Luxton</b></p>					
<p>Title or position of Authorized Officer:      <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer:      <b>281-225-0501</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442091</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LA WARD TELEPHONE EXCHANGE INC.</b></p>					
<p>Signature of Authorized Officer: <b>Terri Parker</b></p>				<p>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:5/17/2023</p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Terri Parker</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>361-872-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442103</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAKE LIVINGSTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>William Whitten</b></span></p>				<p><small>Digitally signed by William Whitten DN:cn=William Whitten,email=hubw@livingston.net,O=lake livingston tel. co.,l= , Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">William Whitten</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">936-566-4000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442104</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LIPAN TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Beth Howard</b></p>				<p><small>Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan telephone company,l=Lipan TX 76462, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Beth Howard</b></p>					
<p>Title or position of Authorized Officer: <b>Sec / Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>254-646-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442105</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MUNSTER TEL. CORP. OF TX DBA NORTEX COMM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Alan Rohmer</span></p>				<p>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:5/18/2023</p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Alan Rohmer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">940-759-2251</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442116</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Peoples Telephone Cooperative, Inc.</b>				
Signature of Authorized Officer 				Date <b>05/24/2023</b>
Printed name of Authorized Officer <b>Scott Thompson</b>				
Title or position of Authorized Officer <b>General Manager/CEO</b>				
Telephone number of Authorized Officer: <b>(903) 763-2214</b> ext.				
Study Area Code of Reporting Carrier	<b>442130</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>POKA-LAMBRO TELEPHONE COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Patrick Sherrill</b></p>				<p>Digitally signed by Patrick Sherrill DN:cn=Patrick Sherrill,email=psherrill@teampoka.com,O=poka-lambro telephone cooperative, inc., Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Patrick Sherrill</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>806-924-7234</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442131</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Riviera Telephone Company, Inc.**

Signature of Authorized Officer *Billy Colston* Date **5/30/2023**

Printed name of Authorized Officer **Billy Colston, III**

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

Telephone number of Authorized Officer: **(361) 296-3232**, ext.

Study Area Code of Reporting Carrier	<b>442134</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTH PLAINS TEL. COOP.,INC.</b></p>					
<p>Signature of Authorized Officer: <b>Wade Maner</b></p>				<p><small>Digitally signed by Wade Maner DN:cn=Wade Maner,email=wade.maner@sptc.coop,O=south plains tel. coop.,inc.,l=Lubbock TX 79408-1379, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Wade Maner</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>806-763-2301</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442143</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Tatum Telephone Company				
Signature of Authorized Officer 			Date 05/31/23	
Printed name of Authorized Officer Jamie Pennello				
Title or position of Authorized Officer Vice President of Accounting				
Telephone number of Authorized Officer: (580) 529-8500, ext.				
Study Area Code of Reporting Carrier	442150		Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	West Texas Rural Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	05/18/2023
Printed name of Authorized Officer	Amy Linzey		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number of Authorized Officer:	(806) 364-3331 ext.		
Study Area Code of Reporting Carrier	442166	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023

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

TO BE COMPLETED BY THE REPORTING CARRIER.

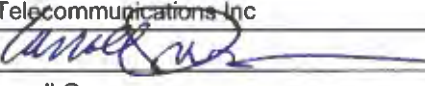
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">XIT RURAL TELEPHONE CO-OP. INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Thomas Hyer</span></p>				<p><small>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:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Thomas Hyer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">806-384-7502</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442170</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ENMR TEL COOP-TX</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Launa Waller</span></p>				<p><small>Digitally signed by Launa Waller DN:cn=Launa Waller,email=lwaller@plateautel.com,O=e.n.m.r. tel. coop.,inc.-tx,l=Clovis NM 88102, Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Launa Waller</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-389-4211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442262</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Hopi Telecommunications Inc			
Signature of Authorized Officer 			Date 05/17/2023
Printed name of Authorized Officer Carroll Onsae			
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, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SAN CARLOS APACHE TELECOMM. UTILITY, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Shirley Ortiz</b></p>				<p><small>Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache telecomm. utility, inc.,l=Peridot AZ 85542, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Shirley Ortiz</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>928-475-7058</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>452169</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Tohono O'Odham Utility Authority**

Signature of Authorized Officer *Harriet Toro* Date **05/18/23**

Printed name of Authorized Officer **Harriett 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, 2023**

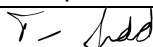
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**TO BE COMPLETED BY THE REPORTING CARRIER,****Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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

Signature of Authorized Officer



Date

**5/23/2023**Printed name of Authorized Officer **Troy Judd**

Title or position of Authorized Officer

**CFO**Telephone number of Authorized Officer: **(520) 384-8934**, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**452176**Filing Due Date for this form  
(mm/dd/yyyy)**June 16, 2023**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GILA RIVER TELECOM.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jennifer Burkhalter</span></p>				<p><small>Digitally signed by Jennifer Burkhalter DN:cn=Jennifer Burkhalter,email=jburkhalter@gilarivertel.com,O=gila river telecom.,l= , Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jennifer Burkhalter</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">520-796-8828</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">452179</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FORT MOJAVE TELECOMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Michael Scully</b></p>				<p>Digitally signed by Michael Scully DN:cn=Michael Scully,email=mscully@ftmojave.net,O=fort mojave telecommunications, inc.,l= , Date:5/31/2023</p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Michael Scully</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>928-346-2523</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>452200</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDVALE-AZ</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Nick Rynearson</span></p>				<p>Digitally signed by Nick Rynearson DN:cn=Nick Rynearson,email=nick.rynearson@mtcom.com,O=midvale telephone exchange, inc.-arizona,j=Midvale ID 83645, Date:5/31/2023</p>	
<p>Date: <span style="color: blue;">5/31/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Nick Rynearson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-355-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">452226</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TABLE TOP TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Greg Andreas</span></p>				<p><small>Digitally signed by Greg Andreas DN:cn=Greg Andreas,email=grega@ponderosatel.com,O=table top telephone company, inc.,l= , Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Greg Andreas</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">559-868-6392</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">453334</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">AGATE MUTUAL TELEPHONE COOPERATIVE ASSOC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Judy Hollembeak</span></p>				<p>Digitally signed by Judy Hollembeak DN:cn=Judy Hollembeak,email=amtca@amtca.net,O=agate mutual telephone cooperative assoc.,l=Agate CO 80101, Date:5/24/2023</p>	
<p>Date: <span style="color: blue;">5/24/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Judy Hollembeak</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">719-764-2578</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462178</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BIJOU TEL COOPERATIVE ASSOC. INC</b></p>					
<p>Signature of Authorized Officer: <b>Brian Creveling</b></p>				<p><small>Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel cooperative assoc. inc, Date:5/30/2023</small></p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Brian Creveling</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>303-822-5400</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462181</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BLANCA TELEPHONE COMPANY DBA BLANCA NETWORKS</b></p>					
<p>Signature of Authorized Officer: <b>Alan Wehe</b></p>				<p>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:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Alan Wehe</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>719-379-3839</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462182</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Eastern Slope Rural Telephone Association, Inc	
Signature of Authorized Officer				Date 05/23/2023	
Printed name of Authorized Officer				John Higgins	
Title or position of Authorized Officer				Treasurer	
Telephone number of Authorized Officer:				(719) 743-2441 ext.	
Study Area Code of Reporting Carrier		462186		Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: FARMERS TEL CO, INC. - COLORADO					
Signature of Authorized Officer: Bill Blackford				Digitally signed by Bill Blackford DN:cn=Bill Blackford,email=bblackford@farmerstelcom.com,O=farmers tel co, inc. - colorado,l=Pleasant View CO 81331, Date:5/31/2023 Date: 5/31/2023	
Printed name of Authorized Officer: Bill Blackford					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 970-562-4211					
Study Area Code of Reporting Carrier	462188		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAXTUN TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tammy Souza</span></p>				<p><small>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Tammy Souza</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accounting Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">904-259-0036</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462190</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NUNN TEL. COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Adam Rislov</b></p>				<p>Digitally signed by Adam Rislov DN:cn=Adam Rislov,email=rislova@ezlink.com,O=nunn tel. company,l=Nunn CO 80648, Date:5/26/2023</p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Adam Rislov</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>970-897-2200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462194</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTH PARK TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Deborah Rand</b></p>				<p>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c.,l= , Date:5/22/2023</p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Deborah Rand</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>603-472-9786</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462195</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PEETZ COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Kathy Glassburn</span></p>				<p><small>Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=kathy@peetzplace.com,O=peetz coop. tel. co.,l=Peetz CO 80747, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kathy Glassburn</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">970-334-2220</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462196</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE DRIVE TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Matthew Sellers</span></p>				<p><small>Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel. co.,l=Beulah CO 81023, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Matthew Sellers</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">719-485-3400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462198</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PLAINS COOPERATIVE TEL. ASSOC. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Ronny Puckett</b></p>				<p>Digitally signed by Ronny Puckett DN:cn=Ronny Puckett,email=ronnypuckett@plainstel.com,O=plains cooperative tel. assoc. inc.,l=Joes CO 80822, Date:5/26/2023</p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Ronny Puckett</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>970-358-4211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462199</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RICO TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Jeremy Smith</span></p>				<p><small>Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=rico tel. co.,l=Rockland ID 83271, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Jeremy Smith</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">208-548-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462201</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ROGGEN TELEPHONE COOPERATIVE CO.</b></p>					
<p>Signature of Authorized Officer: <b>John Young</b></p>				<p><small>Digitally signed by John Young DN:cn=John Young,email=wyoung@rtebb.net,O=roggen telephone cooperative co.,l=Roggen CO 80652, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>John Young</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>303-849-5260</b></p>					
Study Area Code of Reporting Carrier	<b>462202</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RYE TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Deborah Rand</span></p>				<p><small>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c.,l= , Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Deborah Rand</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">603-472-9786</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462203</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>STONEHAM COOPERATIVE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Aimee Dollerschell</b></p>				<p>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=aimeed@stonehamtel.com,O=stoneham cooperative tel. co.,l=Stoneham CO 80754, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Aimee Dollerschell</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>970-735-2251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462206</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WIGGINS TEL. ASSOC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Terry Hendrickson</span></p>				<p><small>Digitally signed by Terry Hendrickson DN:cn=Terry Hendrickson,email=terry@wigginstel.com,O=wiggins tel. assoc.,l=Wiggins CO 80654-0690, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Terry Hendrickson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">970-483-7343</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462209</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILLARD TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Aimee Dollerschell</span></p>				<p><small>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Aimee Dollerschell</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">970-228-4571</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462210</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ALBION TEL. CO. D/B/A ATC COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer: <b>Rich Redman</b></p>				<p>Digitally signed by Rich Redman DN:cn=Rich Redman,email=rredman@atccomm.com,O=albion tel. co. d/b/a atc communications,l=Albion ID 83311, Date:5/25/2023</p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Rich Redman</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>208-673-5335</b></p>					
Study Area Code of Reporting Carrier	<b>472213</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CUSTER TEL. COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer: <b>James Bennetts</b></p>				<p><small>Digitally signed by James Bennetts DN:cn=James Bennetts,email=jd.bennetts@custertel.com,O=custer tel. cooperative inc.,j=Challis ID 83226, Date:5/26/2023</small></p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer: <b>James Bennetts</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>208-879-2281</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472218</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FILER MUT-ID/TRULEAP</b></p>					
<p>Signature of Authorized Officer: <b>Bob Kraut</b></p>				<p>Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel. company-id dba truleap tech, =Filer ID 83328-0089, Date:5/31/2023</p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Bob Kraut</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer: <b>208-326-4330</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472220</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL CO LTD. - ID</b></p>					
<p>Signature of Authorized Officer: <b>Ronald Rembelski</b></p>				<p><small>Digitally signed by Ronald Rembelski DN:cn=Ronald Rembelski,email=ron.r@fmtc.com,O=farmers mutual tel co ltd. - id,1=Fruitland ID 83619, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Ronald Rembelski</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>208-452-2000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472221</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MIDVALE TEL EXCH INC</b></p>					
<p>Signature of Authorized Officer: <b>Nick Rynearson</b></p>				<p>Digitally signed by Nick Rynearson DN:cn=Nick Rynearson,email=nick.rynearson@mtecom.com,O=midvale telephone exchange, inc.-arizona,j=Midvale ID 83645, Date:5/31/2023</p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Nick Rynearson</b></p>					
<p>Title or position of Authorized Officer: <b>Accountant</b></p>					
<p>Telephone number of Authorized Officer: <b>208-355-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472226</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MUD LAKE TELEPHONE COOPERATIVE ASSN. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Valeri Steigerwald</b></p>				<p>Digitally signed by Valeri Steigerwald DN:cn=Valeri Steigerwald,email=steigerwald.v@mudlake.us,O=mud lake telephone cooperative assn. inc.,l=Dubois ID 83424, Date:5/31/2023</p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Valeri Steigerwald</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>208-374-6517</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472227</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PROJECT MUTUAL TEL. COOP. ASSN.</b></p>					
<p>Signature of Authorized Officer: <b>Rick Harder</b></p>				<p>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel. coop. assn.,l= , Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Rick Harder</b></p>					
<p>Title or position of Authorized Officer: <b>CFO/Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>208-434-7124</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472231</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DIRECT COMM-ROCKLAND</b></p>					
<p>Signature of Authorized Officer: <b>Timothy May</b></p>				<p>Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Timothy May</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>208-548-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472232</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <u>Rural Telephone Company -ID</u>				
Signature of Authorized Officer <u>[Signature]</u>				Date <u>05/30/23</u>
Printed name of Authorized Officer <u>Michael J. Martell</u>				
Title or position of Authorized Officer <u>Vice-President</u>				
Telephone number of Authorized Officer: <u>(208)3662614, ext.</u>				
Study Area Code of Reporting Carrier	<u>472233</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>June 16, 2023</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INLAND TEL-ID</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">James Brooks</span></p>				<p><small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - id,lc=Roslyn WA 98941, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">James Brooks</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Treasurer/Controller/Reg. Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">509-649-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472423</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN TEL. CO. INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bryce Daniel</span></p>				<p><small>Digitally signed by Bryce Daniel DN:cn=Bryce Daniel,email=bryced@lincotel.net,O=lincoln tel. co. inc.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Bryce Daniel</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-362-4216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482244</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTHERN TEL. COOP INC.- MT</b></p>					
<p>Signature of Authorized Officer: <b>Aimee Dietrich</b></p>				<p><small>Digitally signed by Aimee Dietrich DN:cn=Aimee Dietrich,email=adietrich@northerntel.net,O=northern tel. coop inc.- mt,l=Sunburst MT 59482, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Aimee Dietrich</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>406-937-2114</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482248</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANGE TEL COOP-MT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gail Rainey</span></p>				<p><small>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. coop inc.-mt,l=Forsyth MT 59327, Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gail Rainey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-347-2859</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SOUTHERN MONTANA TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Doran Fluckiger</b></p>				<p><small>Digitally signed by Doran Fluckiger DN:cn=Doran Fluckiger,email=doran@smtel.com,O=southern montana tel. co.,l=Wisdom MT 59761, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Doran Fluckiger</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>406-689-3333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482254</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRIANGLE TEL COOP</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Craig Gates</span></p>				<p><small>Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle tel. cooperative assn. inc.,l=Havre MT 59501, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Craig Gates</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-394-7807</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482257</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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>					



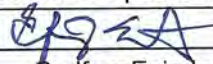
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SIYCOM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Brian DeMarco</span></p>				<p><small>Digitally signed by Brian DeMarco DN:cn=Brian DeMarco,email=brian@siycom.com,O=siyeh communications,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Brian DeMarco</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-244-2160</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482485</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRIANGLE-CMC</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Craig Gates</span></p>				<p><small>Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle tel. cooperative assn. inc.,l=Havre MT 59501, Date:5/23/2023</small></p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Craig Gates</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-394-7807</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">483310</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>				
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>				
Name of Reporting Carrier <b>Mescarlero Apache Telecom, Inc.</b>				
Signature of Authorized Officer 			Date <b>5/31/23</b>	
Printed name of Authorized Officer <b>Godfrey Enjady</b>				
Title or position of Authorized Officer <b>General Manager</b>				
Telephone number of Authorized Officer: <b>(575) 464-4039</b> ext.				
Study Area Code of Reporting Carrier		<b>491231</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DELL TEL CO-OP - NM</b></p>					
<p>Signature of Authorized Officer: <b>J Martinez</b></p>				<p>Digitally signed by J Martinez DN:cn=J Martinez,email=Ruben@delltelco.com,O=dell telephone co-op. inc. - tx, Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>J Martinez</b></p>					
<p>Title or position of Authorized Officer: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>915-964-2352</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492066</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,****Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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

Signature of Authorized Officer



Date

**5/23/2023**

Printed name of Authorized Officer

**Troy Judd**

Title or position of Authorized Officer

**CFO**Telephone number of Authorized Officer: **(520) 384-8934**, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**492176**Filing Due Date for this form  
(mm/dd/yyyy)**June 16, 2023**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BACA VALLEY TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Paul Briesh</b></p>				<p>Digitally signed by Paul Briesh DN:cn=Paul Briesh,email=paulbvt@bacavalley.net,O=baca valley tel. co.,l=Des Moines NM 88418, Date:5/17/2023</p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Paul Briesh</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>575-278-2101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492259</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ENMR TEL COOP INC-NM</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Launa Waller</span></p>				<p><small>Digitally signed by Launa Waller DN:cn=Launa Waller,email=lwaller@plateautel.com,O=e.n.m.r. tel. coop.,inc.-tx,l=Clovis NM 88102, Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Launa Waller</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-389-4211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492262</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA JICARITA RURAL TEL. COOP. INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Danny Gray</span></p>				<p><small>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:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Danny Gray</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-387-2216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492263</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>LEACO RURAL TEL. COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer: <b>David Jimenez</b></p>				<p><small>Digitally signed by David Jimenez DN:cn=David Jimenez,email=djimenez@leaco.org,O=leaco rural tel. cooperative inc.,l= , Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>David Jimenez</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>575-370-5010</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492264</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">Tularosa Basin Telephone Company, Inc.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Joshua Beug</span></p>				<p><small>Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbc.net,O=tularosa basin telephone company, inc., Date:5/31/2023</small></p>	
<p>Date: <span style="color: blue;">5/31/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Joshua Beug</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-585-0125</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492265</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTERN NEW MEXICO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Daniel Meszler</b></span></p>				<p><small>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:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Daniel Meszler</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager &amp; President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-388-2546</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492268</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PENASCO VALLEY TEL. COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer: <b>Kurt Garrard</b></p>				<p>Digitally signed by Kurt Garrard DN:cn=Kurt Garrard,email=kgarrard@pvt.com,O=penasco valley tel. cooperative inc.,l= , Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kurt Garrard</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>575-748-1241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>492270</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROOSEVELT COUNTY RURAL TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Cecile Archibeque</span></p>				<p><small>Digitally signed by Cecile Archibeque DN: cn=Cecile Archibeque, email=carchibeque@yuccatelecom.com, O=roosevelt county rural tel. coop., inc., l=Portales NM 88130-0867, Date: 5/23/2023</small></p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Cecile Archibeque</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager/EVP</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">575-226-2255</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492272</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SACRED WIND COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Terry Clark</b></p>				<p><small>Digitally signed by Terry Clark DN:cn=Terry Clark,email=tclark@sacredwindnm.com,O=sacred wind communications, inc.,l= , Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Terry Clark</b></p>					
<p>Title or position of Authorized Officer: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer: <b>505-908-2661</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>493403</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DIRECTCOMM-CEDAR VAL</b></p>					
<p>Signature of Authorized Officer: <b>Kip Wilson</b></p>				<p>Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=direct communications cedar valley, llc,l=Rockland ID 83271, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kip Wilson</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>208-548-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>500758</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CENTRAL UTAH TEL INC</b></p>					
<p>Signature of Authorized Officer: <b>Mike Plows</b></p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=central utah tel. inc., Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Mike Plows</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>702-396-0151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502277</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GUNNISON TEL. CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Natalie Gleave</span></p>				<p><small>Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel. co.,l=Gunnison UT 84634, Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Natalie Gleave</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Controller/Director</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">435-528-7236</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502279</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MANTI TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Dallas Cox</b></p>				<p><small>Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti telephone company, Date:5/25/2023</small></p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Dallas Cox</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President and General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>435-835-3391</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502282</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SKYLINE TELECOM</b></p>					
<p>Signature of Authorized Officer: <b>Mike Plows</b></p>				<p><small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=central utah tel. inc.,l= , Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Mike Plows</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>702-396-0151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502283</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BEEHIVE TEL CO - UT</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Larry Mason</span></p>				<p><small>Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone co., inc., ut, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Larry Mason</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Senior Vice President Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">435-837-6000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502284</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BEAR LAKE COMM</b></p>					
<p>Signature of Authorized Officer: <b>Mike Plows</b></p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=central utah tel. inc.,l= , Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Mike Plows</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>702-396-0151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>503032</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANGE TEL COOP - WY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gail Rainey</span></p>				<p><small>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. coop inc.-mt,l=Forsyth MT 59327, Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Gail Rainey</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">406-347-2859</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">512251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUBOIS TEL EXCHANGE</b></p>					
<p>Signature of Authorized Officer: <b>Gail Rainey</b></p>				<p>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. coop inc.-mt,l=Forsyth MT 59327, Date:5/17/2023</p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Gail Rainey</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>406-347-2859</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>512291</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WESTGATE COMMUNICATIONS LLC dba WEAVTEL</b></p>					
<p>Signature of Authorized Officer: <b>Richard Weaver</b></p>				<p>Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=richard@weavnet.com,O=westgate communications llc dba weavtel, =Wenatchee WA 98807, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Richard Weaver</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>509-682-5556</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>520580</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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>					



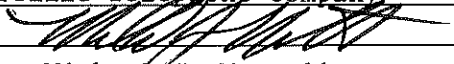
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SKYLINE TELECOM CO.</b></p>					
<p>Signature of Authorized Officer: <b>Delinda Kluser</b></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>520581</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HAT ISLAND TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Gary Ricketts</b></p>				<p>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/30/2023</p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Gary Ricketts</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>360-321-0051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522417</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <u>Pend Oreille Telephone Company</u>			
Signature of Authorized Officer <u>X</u> 			Date <u>05/30/23</u>
Printed name of Authorized Officer <u>Michael J. Martell</u>			
Title or position of Authorized Officer <u>Vice-President</u>			
Telephone number of Authorized Officer: <u>2083662614</u> , ext. _____			
Study Area Code of Reporting Carrier	<u>522418</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>June 16, 2023</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HOOD CANAL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Richard Buechel</b></p>				<p><small>Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal telephone company,l=Union WA 98592, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Richard Buechel</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>360-898-2481</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522419</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: INLAND TEL CO -WA					
Signature of Authorized Officer: James Brooks				<small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - id,lc=Roslyn WA 98941, Date:5/22/2023</small> Date: 5/22/2023	
Printed name of Authorized Officer: James Brooks					
Title or position of Authorized Officer: Treasurer/Controller/Reg. Manager					
Telephone number of Authorized Officer: 509-649-2211					
Study Area Code of Reporting Carrier	522423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KALAMA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rick Vitzthum</span></p>				<p><small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,lc=Tenino WA 98589, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Rick Vitzthum</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">360-264-3155</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522426</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MASHELL TELECOM INC.</b></p>					
<p>Signature of Authorized Officer: <b>Brian Haynes</b></p>				<p>Digitally signed by Brian Haynes DN:cn=Brian Haynes,email=brian.haynes@rainierconnect.net,O=mashe ll telecom inc.,l=Eatonville WA 98328, Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Brian Haynes</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>360-892-4130</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522431</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PIONEER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Dallas Filan</b></p>				<p><small>Digitally signed by Dallas Filan DN:cn=Dallas Filan,email=dfilan@pionnet.com,O=pioneer telephone company,l=Lacrosse WA 99143, Date:5/31/2023</small></p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Dallas Filan</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>509-549-3511</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522437</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>ST. JOHN TELEPHONE, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Joseph Dennis</b></p>				<p><small>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:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Joseph Dennis</b></p>					
<p>Title or position of Authorized Officer: <b>VP of Operations-Outside Plant</b></p>					
<p>Telephone number of Authorized Officer: <b>509-648-3322</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522442</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>TENINO TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer: <b>Rick Vitzthum</b></p>				<p>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,l=Tenino WA 98589, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Rick Vitzthum</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>360-264-3155</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522446</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>TOLEDO TELEPHONE COMPANY INC.</b>					
Signature of Authorized Officer: <b>Philip Cappalonga</b>				<small>Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.net,O=toledo telephone company inc.,l= , Date:5/30/2023</small> Date: <b>5/30/2023</b>	
Printed name of Authorized Officer: <b>Philip Cappalonga</b>					
Title or position of Authorized Officer: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer: <b>360-864-2004</b>					
Study Area Code of Reporting Carrier	<b>522447</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: WESTERN WAHKIAKUM COUNTY TEL COMPANY					
Signature of Authorized Officer: Kenneth Johnson				<small>Digitally signed by Kenneth Johnson DN:cn=Kenneth Johnson,email=kjohnson@wwest.net,O=western wahkiakum county tel company,l=Rosburg WA 98643, Date:5/24/2023</small> Date: 5/24/2023	
Printed name of Authorized Officer: Kenneth Johnson					
Title or position of Authorized Officer: CEO/GM					
Telephone number of Authorized Officer: 360-465-2211					
Study Area Code of Reporting Carrier	522451		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>WHIDBEY TEL CO.</b></p>					
<p>Signature of Authorized Officer: <b>Gary Ricketts</b></p>				<p>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/30/2023</p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Gary Ricketts</b></p>					
<p>Title or position of Authorized Officer: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>360-321-0051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522452</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BEAVER CREEK COOPERATIVE TEL. CO.</b></p>					
<p>Signature of Authorized Officer: <b>Paul Hauer</b></p>				<p>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:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Paul Hauer</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/President</b></p>					
<p>Telephone number of Authorized Officer: <b>503-845-4433</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532359</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: CLEAR CREEK MUTUAL TELEPHONE CO.					
Signature of Authorized Officer: Jason Henke				<small>Digitally signed by Jason Henke DN:cn=Jason Henke,email=jhenke@clearcreek.coop,O=clear creek mutual telephone co.,l= , Date:5/18/2023</small> Date: 5/18/2023	
Printed name of Authorized Officer: Jason Henke					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 503-631-2101					
Study Area Code of Reporting Carrier	532363		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COLTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Geri Fraijo</b></p>				<p><small>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=geri@coltontel.com,O=colton telephone company,l=Colton OR 97017, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Geri Fraijo</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>503-824-3211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532364</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>EAGLE TELEPHONE SYSTEM INC.</b></p>					
<p>Signature of Authorized Officer: <b>Mike Lattin</b></p>				<p>Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle telephone system inc.,l=Richland OR 97870, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Mike Lattin</b></p>					
<p>Title or position of Authorized Officer: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-893-6111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532369</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>CASCADE UTIL INC</b>					
Signature of Authorized Officer: <b>Brooke Wheeler</b>				<small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/30/2023</small> Date: <b>5/30/2023</b>	
Printed name of Authorized Officer: <b>Brooke Wheeler</b>					
Title or position of Authorized Officer: <b>CFO</b>					
Telephone number of Authorized Officer: <b>503-630-8952</b>					
Study Area Code of Reporting Carrier	<b>532371</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>GERVAIS TELEPHONE COMPANY DBA DATAVISION</b>					
Signature of Authorized Officer: <b>Renee Willer</b>				<small>Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais telephone company dba datavision,j=Gervais OR 97026, Date:5/25/2023</small> Date: <b>5/25/2023</b>	
Printed name of Authorized Officer: <b>Renee Willer</b>					
Title or position of Authorized Officer: <b>President/CEO</b>					
Telephone number of Authorized Officer: <b>503-792-5500</b>					
Study Area Code of Reporting Carrier	<b>532373</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Roome Telecommunications, Inc**

Signature of Authorized Officer

*Jenifer Vellucci*

Date **05/24/2023**

Printed name of Authorized Officer

**Jenifer Vellucci**

Title or position of Authorized Officer

**CFO**

Telephone number of Authorized Officer: **(559) 534-2210**, ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**532375**

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

June 16, 2023

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HELIX TEL CO.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;"><b>Delinda Kluser</b></span></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Delinda Kluser</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President, Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">541-932-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532376</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HOME TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer: <b>Delinda Kluser</b></p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532377</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: TRANS-CASCADES TEL					
Signature of Authorized Officer: Brooke Wheeler				<small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/30/2023</small> Date: 5/30/2023	
Printed name of Authorized Officer: Brooke Wheeler					
Title or position of Authorized Officer: CFO					
Telephone number of Authorized Officer: 503-630-8952					
Study Area Code of Reporting Carrier	532378		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MOLALLA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Terry Simms</b></p>				<p><small>Digitally signed by Terry Simms DN:cn=Terry Simms,email=TSimms@molalla.com,O=molalla telephone company, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Terry Simms</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President/CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-829-1122</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532383</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MONITOR COOPERATIVE TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer: <b>Geri Fraijo</b></p>				<p>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor cooperative telephone co, Date:5/26/2023</p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Geri Fraijo</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>503-634-2266</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532384</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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>					

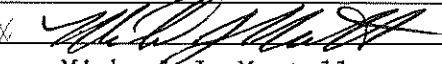
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: <b>MONROE TELEPHONE COMPANY</b>					
Signature of Authorized Officer: <b>David Mills</b>				<small>Digitally signed by David Mills DN:cn=David Mills,email=NECAaffairs@monroetel.com,O=monroe telephone company,l=Monroe OR 97456-0130, Date:5/17/2023</small> Date: <b>5/17/2023</b>	
Printed name of Authorized Officer: <b>David Mills</b>					
Title or position of Authorized Officer: <b>Vice President</b>					
Telephone number of Authorized Officer: <b>541-847-5135</b>					
Study Area Code of Reporting Carrier	<b>532385</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CANBY-MT ANGEL</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Paul Hauer</span></p>				<p>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:5/25/2023</p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Paul Hauer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CEO/President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-632-6314</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532386</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Nehalem Telecommunications Inc.</b>				
Signature of Authorized Officer 				Date <b>05/30/23</b>
Printed name of Authorized Officer <b>Michael J. Martell</b>				
Title or position of Authorized Officer <b>Vice-President</b>				
Telephone number of Authorized Officer: <b>2083662614</b> , ext. _____				
Study Area Code of Reporting Carrier	<b>532387</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH STATE TEL CO.</b></p>					
<p>Signature of Authorized Officer: <b>Delinda Kluser</b></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532388</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OREGON TEL CORP</b></p>					
<p>Signature of Authorized Officer: <b>Delinda Kluser</b></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532389</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OREGON-IDAHO UTIL.</b></p>					
<p>Signature of Authorized Officer: <b>Justin Perez</b></p>				<p>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho utilities, inc.,l=Nampa ID 83653, Date:5/19/2023</p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Justin Perez</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>208-461-7802</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532390</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TEL CO. - OR</b></p>					
<p>Signature of Authorized Officer: <b>Erik Hoefer</b></p>				<p>Digitally signed by Erik Hoefer DN:cn=Erik Hoefer,email=ehoefer@sctcweb.com,O=peoples telephone co. - or,l=Stayton OR 97383, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Erik Hoefer</b></p>					
<p>Title or position of Authorized Officer: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-769-4624</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532391</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE TEL SYSTEM INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Delinda Kluser</span></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Delinda Kluser</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Vice President, Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">541-932-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532392</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PIONEER TELEPHONE COOP. DBA PIONEER CONNECT</b></p>					
<p>Signature of Authorized Officer: <b>Kurtis Kontur</b></p>				<p>Digitally signed by Kurtis Kontur DN:cn=Kurtis Kontur,email=kurtiskontur@pioneerconnect.net,O=pioneer telephone coop. dba pioneer connect,l=Philomath OR 97370, Date:5/17/2023</p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Kurtis Kontur</b></p>					
<p>Title or position of Authorized Officer: <b>Assistant Treasurer</b></p>					
<p>Telephone number of Authorized Officer: <b>541-929-8225</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532393</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ST. PAUL COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Joel Halter</span></p>				<p>Digitally signed by Joel Halter DN:cn=Joel Halter,email=joel@stpaultel.com,O=st. paul coop. tel. assn.,l=St. Paul OR 97137, Date:5/18/2023</p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Joel Halter</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-633-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532396</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">STAYTON COOP TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Erik Hoefer</span></p>				<p><small>Digitally signed by Erik Hoefer DN:cn=Erik Hoefer,email=ehoefer@sctcweb.com,O=peoples telephone co. - or,Stayton OR 97383, Date:5/19/2023</small></p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Erik Hoefer</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">503-769-4624</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532399</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: OREGON TEL CORP-MTE					
Signature of Authorized Officer: Delinda Kluser				<small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2023</small> Date: 5/18/2023	
Printed name of Authorized Officer: Delinda Kluser					
Title or position of Authorized Officer: Vice President, Manager					
Telephone number of Authorized Officer: 541-932-4411					
Study Area Code of Reporting Carrier	533336		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CALAVERAS TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Rose Cullen</span></p>				<p>Digitally signed by Rose Cullen DN:cn=Rose Cullen,email=rose.cullen@caltel.com,O=calaveras telephone company,l=Copperopolis CA 95228, Date:5/30/2023</p>	
<p>Date: <span style="color: blue;">5/30/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Rose Cullen</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">209-785-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542301</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAL-ORE TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">Kristi Olson</span></p>				<p><small>Digitally signed by Kristi Olson DN:cn=Kristi Olson,email=kristi@calore.net,O=cal-ore telephone co.,l=Dorris CA 96023, Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Kristi Olson</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Accounting Manager/CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">530-397-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542311</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>DUCOR TELEPHONE COMPANY dba VARCOMM</b></p>					
<p>Signature of Authorized Officer: <b>Jenifer Vellucci</b></p>				<p>Digitally signed by Jenifer Vellucci DN:cn=Jenifer Vellucci,email=jvellucci@varcomm.biz,O=ducor telephone company dba varcomm,l=Ducor CA 93218, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Jenifer Vellucci</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>559-534-2210</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542313</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FORESTHILL-SEBASTIAN</b></p>					
<p>Signature of Authorized Officer: <b>Rhonda Armstrong</b></p>				<p>Digitally signed by Rhonda Armstrong DN:cn=Rhonda Armstrong,email=rarmstrong@sebastiancorp.com,O=foresthill telephone company dba sebastian, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Rhonda Armstrong</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President - Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>559-846-7780</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542318</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>KERMAN TEL-SEBASTIAN</b></p>					
<p>Signature of Authorized Officer: <b>Rhonda Armstrong</b></p>				<p>Digitally signed by Rhonda Armstrong DN:cn=Rhonda Armstrong,email=rarmstrong@sebastiancorp.com,O=fore sthill telephone company dba sebastian, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Rhonda Armstrong</b></p>					
<p>Title or position of Authorized Officer: <b>Vice President - Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>559-846-7780</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542324</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>THE PONDEROSA TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Greg Andreas</b></p>				<p><small>Digitally signed by Greg Andreas DN:cn=Greg Andreas,email=grega@ponderosatel.com,O=table top telephone company, inc.,l= , Date:5/31/2023</small></p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Greg Andreas</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>559-868-6392</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542332</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SIERRA TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Cynthia Huber</b></p>				<p>Digitally signed by Cynthia Huber DN:cn=Cynthia Huber,email=cindyh@stcg.net,O=sierra telephone company, inc.,l=Oakhurst CA 93644, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Cynthia Huber</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>559-642-0209</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542338</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>THE SISKIYOU TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer:      <b>Russell Elliott</b></p>				<p><small>Digitally signed by Russell Elliott DN:cn=Russell Elliott,email=r.elliott@siskiyoutelephone.com,O=the siskiyou telephone co.,l=Etna CA 96027, Date:5/26/2023</small></p>	
<p>Date:      <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Russell Elliott</b></p>					
<p>Title or position of Authorized Officer:      <b>CEO</b></p>					
<p>Telephone number of Authorized Officer:      <b>530-467-6120</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542339</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>VOLCANO TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Brenda Shepard</b></p>				<p>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano telephone company, Inc., Date: 5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Brenda Shepard</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>209-296-1447</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542343</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

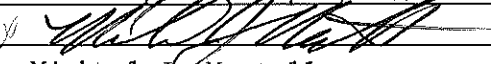
<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>PINNACLES TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer: <b>Steven Bryan</b></p>				<p>Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles telephone company, Date:5/31/2023</p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Steven Bryan</b></p>					
<p>Title or position of Authorized Officer: <b>President</b></p>					
<p>Telephone number of Authorized Officer: <b>831-389-4500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542346</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>FILER MUT-NV/TRULEAP</b></p>					
<p>Signature of Authorized Officer: <b>Bob Kraut</b></p>				<p>Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel. company-id dba truleap tech,l=Filer ID 83328-0089, Date:5/31/2023</p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Bob Kraut</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer: <b>208-326-4330</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>552220</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Rural Telephone Company -NV</b>			
Signature of Authorized Officer 			Date <b>05/30/23</b>
Printed name of Authorized Officer <b>Michael J. Martell</b>			
Title or position of Authorized Officer <b>Vice-President</b>			
Telephone number of Authorized Officer: <b>(208)3662614 ext.</b>			
Study Area Code of Reporting Carrier	<b>552233</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BEEHIVE TEL CO - NV</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Larry Mason</span></p>				<p><small>Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone co., inc., ut, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Larry Mason</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">Senior Vice President Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">435-837-6000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552284</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>CHURCHILL COUNTY TEL. DBA CC COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer: <b>Mark Feest</b></p>				<p>Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@cccomm.co,O=churhill county tel. dba cc communications,l=Fallon NV 89407, Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Mark Feest</b></p>					
<p>Title or position of Authorized Officer: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>775-423-7654</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>552349</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN COUNTY TELEPHONE SYSTEM INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue;">John Christian, III</span></p>				<p>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln county telephone system inc.,l=Pluche NV 89043, Date:5/19/2023</p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">John Christian, III</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">775-962-5131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552351</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>RIO VIRGIN TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Brooke Wheeler</b></p>				<p><small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer: <b>503-630-8952</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>552356</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>HUMBOLDT TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Justin Perez</b></p>				<p>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt telephone company,l=Nampa ID 83653, Date:5/19/2023</p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Justin Perez</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>208-461-7802</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>553304</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier:      <b>ADAK EAGLE ENTERPRISES, LLC dba ADAK TEL UTIL</b></p>					
<p>Signature of Authorized Officer:      <b>Larry Mayes</b></p>				<p>Digitally signed by Larry Mayes DN:cn=Larry Mayes,email=lmayes@adaku.net,O=adak eagle enterprises, llc dba adak tel util,j= , Date:5/30/2023</p>	
<p>Date:      <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer:      <b>Larry Mayes</b></p>					
<p>Title or position of Authorized Officer:      <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer:      <b>907-222-0844</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>610989</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARCTIC SLOPE TEL. ASSOCIATION COOP.INC.</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Sarah Sandbak</span></p>				<p><small>Digitally signed by Sarah Sandbak DN:cn=Sarah Sandbak,email=sarah@astac.net,O=arctic slope tel. association coop.inc.,l= , Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer: <span style="color: blue;">Sarah Sandbak</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">907-351-7050</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613001</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BETTLES TEL CO INC</b></p>					
<p>Signature of Authorized Officer: <b>Mary Jo Quandt</b></p>				<p>Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=alaska telephone company,l=Port Townsend WA 98368, Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Mary Jo Quandt</b></p>					
<p>Title or position of Authorized Officer: <b>V/P Chief Customer Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>360-385-1733</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613002</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>BRISTOL BAY TELEPHONE COOP. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Tanya Moorcroft</b></p>				<p>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:5/31/2023</p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Tanya Moorcroft</b></p>					
<p>Title or position of Authorized Officer: <b>Controller/Asst General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>907-246-3403</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613003</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: BUSH-TELL INC.					
Signature of Authorized Officer: 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:5/30/2023	
Date: 5/30/2023					
Printed name of Authorized Officer: Roy Wrazen					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 907-675-4311					
Study Area Code of Reporting Carrier	613004		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Circle Telephone & Electric, LLC				
Signature of Authorized Officer 				Date 5/29/23
Printed name of Authorized Officer Shawn DeVore				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (907) 773-5500 ext.				
Study Area Code of Reporting Carrier	613005	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>COPPER VALLEY TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer: <b>Laura Kompkoff</b></p>				<p><small>Digitally signed by Laura Kompkoff DN:cn=Laura Kompkoff,email=lkompkoff@cvtc.org,O=copper valley tel. coop. inc.,l=Valdez AK 99686, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Laura Kompkoff</b></p>					
<p>Title or position of Authorized Officer: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer: <b>907-835-7712</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613006</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>INTERIOR TEL CO INC</b></p>					
<p>Signature of Authorized Officer: <b>Brett Carter</b></p>				<p>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc.,l= , Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Brett Carter</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; GM of Alaska Market</b></p>					
<p>Telephone number of Authorized Officer: <b>907-563-2003</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613011</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>MUKLUK TEL CO INC</b></p>					
<p>Signature of Authorized Officer: <b>Brett Carter</b></p>				<p>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc.,l= , Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Brett Carter</b></p>					
<p>Title or position of Authorized Officer: <b>President &amp; GM of Alaska Market</b></p>					
<p>Telephone number of Authorized Officer: <b>907-563-2003</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613016</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALASKA TEL CO</span></p>					
<p>Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Mary Jo Quandt</span></p>				<p><small>Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=alaska telephone company,l=Port Townsend WA 98368, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer: <span style="color: blue;">Mary Jo Quandt</span></p>					
<p>Title or position of Authorized Officer: <span style="color: blue;">V/P Chief Customer Operations</span></p>					
<p>Telephone number of Authorized Officer: <span style="color: blue;">360-385-1733</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613017</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NUSHAGAK ELECTRIC &amp; TELEPHONE COOP., INC.</b></p>					
<p>Signature of Authorized Officer: <b>William Chaney</b></p>				<p>Digitally signed by William Chaney DN:cn=William Chaney,email=wchaney@nushagak.coop,O=nushagak electric &amp; telephone coop., inc.,l=Dillingham AK 99576, Date:5/17/2023</p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer: <b>William Chaney</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/GM</b></p>					
<p>Telephone number of Authorized Officer: <b>907-842-5251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613018</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>OTZ TELEPHONE COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer: <b>Kelly Williams</b></p>				<p><small>Digitally signed by Kelly Williams DN:cn=Kelly Williams,email=kwilliams@otz.org,O=otz telephone cooperative, inc.,l= , Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer: <b>Kelly Williams</b></p>					
<p>Title or position of Authorized Officer: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer: <b>907-442-1000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613019</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>NORTH COUNTRY TEL CO</b></p>					
<p>Signature of Authorized Officer: <b>Mary Jo Quandt</b></p>				<p>Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=alaska telephone company,l=Port Townsend WA 98368, Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Mary Jo Quandt</b></p>					
<p>Title or position of Authorized Officer: <b>V/P Chief Customer Operations</b></p>					
<p>Telephone number of Authorized Officer: <b>360-385-1733</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613026</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<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>					

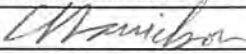
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <b>SUMMIT TEL &amp; TEL CO OF ALASKA</b></p>					
<p>Signature of Authorized Officer: <b>Roger Shoffstall</b></p>				<p>Digitally signed by Roger Shoffstall DN:cn=Roger Shoffstall,email=rshoffstall@summittelephonecompany.com,O=summit tel &amp; tel co of alaska,l=Fairbanks AK 99710, Date:5/17/2023</p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer: <b>Roger Shoffstall</b></p>					
<p>Title or position of Authorized Officer: <b>CEO/President/Owner/General Manager</b></p>					
<p>Telephone number of Authorized Officer: <b>907-389-1012</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613028</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Sandwich Isles Communications, Inc.				
Signature of Authorized Officer 				Date 5/22/23
Printed name of Authorized Officer Breanne Kahalewai				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (808) 524-8400 ext.				
Study Area Code of Reporting Carrier	623021		Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>AMERICAN SAMOA TELECOMM. AUTHORITY</b>			
Signature of Authorized Officer 			Date <b>05/31/2023</b>
Printed name of Authorized Officer <b>CHRIS DANIELSON</b>			
Title or position of Authorized Officer <b>CFO</b>			
Telephone number of Authorized Officer: <b>(684) 699-1121</b> , ext.			
Study Area Code of Reporting Carrier	<b>673900</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</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 THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Consolidated Communications**

Signature of Authorized Officer *Michael J Shultz* Date **May 23, 2023**

Printed name of Authorized Officer **Michael J. Shultz**

Title or position of Authorized Officer **Sr Vice President, Legislative & Regulatory**

Telephone number of Authorized Officer: **(724) 449-2545**

Study Area Code of Reporting Carrier	see attached list	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
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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.

<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	

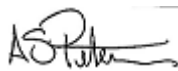


**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 5/25/2023

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

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

6/16/2023

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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