

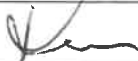
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **Chazy & Westport Telephone Corporation**

Signature of Authorized Officer



Date      6/12/2023

Printed name of Authorized Officer                      Kaitlin Egglefield

Title or position of Authorized Officer                      Contoller

Telephone number or Authorized Officer.                      ( 518 ) 962-2216 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**150079**


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.

**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>Chazy &amp; Westport Telephone Corporation</b>		
Signature of Authorized Officer		Date	6/12/2023
Printed name of Authorized Officer	Kaitlin Egglefield		
Title or position of Authorized Officer	Controller		
Telephone number or Authorized Officer.	( 518 ) 962-2216 ext. _ _ _ _		
Study Area Code of Reporting Carrier	150079	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.			

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

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

Name of Reporting Carrier                      **Chazy & Westport Telephone Corporation**

Signature of Authorized Officer



Date

06/12/2023

Printed name of Authorized Officer

Kaitlin Egglefield

Title or position of Authorized Officer

Controller

Telephone number of Authorized  
Officer.

( 518 ) 962-2216 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**150079**

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

06/16/2023

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

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

Name of Reporting Carrier      **Chazy & Westport Telephone Corporation**

Signature of Authorized Officer



Date

06/12/2023

Printed name of Authorized Officer

Kaitlin Egglefield

Title or position of Authorized Officer

Controller

Telephone number of Authorized Officer.

( 518 ) 962-2216 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

150079

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

06/16/2023

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

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

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

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

Signature of Authorized Officer

*Clifford Humpert*

Date

*5-30-23*

Printed name of Authorized Officer

*Clifford Humpert*

Title or position of Authorized Officer

*President*

Telephone number of Authorized Officer.

*(940) 423 6201* ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**442061**

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.

**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>Community Telephone Company, Inc.</b>	
Signature of Authorized Officer		Date	
<i>Clifford Humpert</i>		5-30-23	
Printed name of Authorized Officer		<i>Clifford Humpert</i>	
Title or position of Authorized Officer		<i>President</i>	
Telephone number of Authorized Officer.		<i>(940) 423 6201</i> ext. _____	
Study Area Code of Reporting Carrier	<b>442061</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.			

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

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

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

Signature of Authorized Officer Clifford Humpert                      Date 5-30-23

Printed name of Authorized Officer                      Clifford Humpert

Title or position of Authorized Officer                      President

Telephone number of Authorized Officer.                      (940) 423 6201 ext.     

Study Area Code of Reporting Carrier	<b>442061</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

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

Signature of Authorized Officer

*Clifford Humpert*

Date

*5-30-23*

Printed name of Authorized Officer

*Clifford Humpert*

Title or position of Authorized Officer

*President*

Telephone number of Authorized Officer.

*(940) 423 6201* ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**442061**


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

**06/16/2023**

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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications		
Signature of Authorized Officer		Date	6-1-2023
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number of Authorized Officer.	(803) 326-7170		
Study Area Code of Reporting Carrier	240515	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.			

**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>Chesnee Telephone Company, Inc. d/b/a Chesnee Communications</b>
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Signature of Authorized Officer		Date	<b>6-1-2023</b>
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Printed name of Authorized Officer	<b>Greg Lunsford</b>
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Title or position of Authorized Officer	<b>Vice President – Regulatory Affairs</b>
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Telephone number or Authorized Officer.	<b>(803) 326-7170</b>
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Study Area Code of Reporting Carrier	<b>240515</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>	
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**


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

Name of Reporting Carrier	Chesnee Telephone Company, Inc. d/b/a Chesnee Communications				
Signature of Authorized Officer				Date	6-1-2023
Printed name of Authorized Officer	Greg Lunsford				
Title or position of Authorized Officer	Vice President – Regulatory Affairs				
Telephone number or Authorized Officer.	(803) 326-7170				
Study Area Code of Reporting Carrier	240515		Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	

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

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

Name of Reporting Carrier	<b>Chesnee Telephone Company, Inc. d/b/a Chesnee Communications</b>		
Signature of Authorized Officer		Date	<b>6-1-2023</b>
Printed name of Authorized Officer	<b>Greg Lunsford</b>		
Title or position of Authorized Officer	<b>Vice President – Regulatory Affairs</b>		
Telephone number or Authorized Officer.	<b>(803) 326-7170</b>		
Study Area Code of Reporting Carrier	<b>240515</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.			



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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)
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Name of Reporting Carrier	Citizens Telephone Company d/b/a Comporium Communications
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Signature of Authorized Officer		Date
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6-1-2023

Printed name of Authorized Officer	Greg Lunsford
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Title or position of Authorized Officer	Vice President – Regulatory Affairs
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Telephone number or Authorized Officer.	(803) 326-7170
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Study Area Code of Reporting Carrier	230473		Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	
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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.

**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>Citizens Telephone Company d/b/a Comporium Communications</b>
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Signature of Authorized Officer		Date	<b>6/1/2023</b>
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Printed name of Authorized Officer	<b>Greg Lunsford</b>
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Title or position of Authorized Officer	<b>Vice President – Regulatory Affairs</b>
-----------------------------------------	--------------------------------------------

Telephone number or Authorized Officer.	<b>(803) 326-7170</b>
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Study Area Code of Reporting Carrier	<b>230473</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>	
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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



Name of Reporting Carrier	<b>Citizens Telephone Company d/b/a Comporium Communications</b>
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Signature of Authorized Officer		Date	<b>6-1-2023</b>
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Printed name of Authorized Officer	<b>Greg Lunsford</b>
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Title or position of Authorized Officer	<b>Vice President – Regulatory Affairs</b>
-----------------------------------------	--------------------------------------------

Telephone number or Authorized Officer.	<b>(803) 326-7170</b>
-----------------------------------------	-----------------------

Study Area Code of Reporting Carrier	<b>230473</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>	
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier	<b>Citizens Telephone Company d/b/a Comporium Communications</b>
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Signature of Authorized Officer		Date	<b>6-1-2023</b>
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Printed name of Authorized Officer	<b>Greg Lunsford</b>
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Title or position of Authorized Officer	<b>Vice President – Regulatory Affairs</b>
-----------------------------------------	--------------------------------------------

Telephone number or Authorized Officer.	<b>(803) 326-7170</b>
-----------------------------------------	-----------------------

Study Area Code of Reporting Carrier	<b>230473</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>	
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **Fort Mill Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

*6-1-2023*

Printed name of Authorized Officer                      Greg Lunsford

Title or position of Authorized Officer                      Vice President – Regulatory Affairs

Telephone number or Authorized Officer.                      (803) 326-7170

Study Area Code of Reporting Carrier

**240521**


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

06/16/2023

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

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

Name of Reporting Carrier	<b>Fort Mill Telephone Company d/b/a Comporium Communications</b>				
Signature of Authorized Officer				Date	<b>6-1-2023</b>
Printed name of Authorized Officer	<b>Greg Lunsford</b>				
Title or position of Authorized Officer	<b>Vice President – Regulatory Affairs</b>				
Telephone number or Authorized Officer.	<b>(803) 326-7170</b>				
Study Area Code of Reporting Carrier	<b>240521</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>	
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**


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

Name of Reporting Carrier	<b>Fort Mill Telephone Company d/b/a Comporium Communications</b>		
Signature of Authorized Officer		Date	<b>6-1-2023</b>
Printed name of Authorized Officer	<b>Greg Lunsford</b>		
Title or position of Authorized Officer	<b>Vice President – Regulatory Affairs</b>		
Telephone number of Authorized Officer.	<b>(803) 326-7170</b>		
Study Area Code of Reporting Carrier	<b>240521</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>

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

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

Name of Reporting Carrier		<b>Fort Mill Telephone Company d/b/a Comporium Communications</b>	
Signature of Authorized Officer			Date <b>6-1-2023</b>
Printed name of Authorized Officer		Greg Lunsford	
Title or position of Authorized Officer		Vice President – Regulatory Affairs	
Telephone number or Authorized Officer.		<b>(803) 326-7170</b>	
Study Area Code of Reporting Carrier	<b>240521</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **Lancaster Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

*6-1-2023*

Printed name of Authorized Officer                      Greg Lunsford

Title or position of Authorized Officer                      Vice President – Regulatory Affairs

Telephone number or Authorized Officer.                      (803) 326-7170

Study Area Code of Reporting Carrier

**240531**


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.

**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>Lancaster Telephone Company d/b/a Comporium Communications</b>				
Signature of Authorized Officer				Date	<b>6-1-2023</b>
Printed name of Authorized Officer	<b>Greg Lunsford</b>				
Title or position of Authorized Officer	<b>Vice President – Regulatory Affairs</b>				
Telephone number or Authorized Officer.	<b>(803) 326-7170</b>				
Study Area Code of Reporting Carrier	<b>240531</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>	
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**


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

Name of Reporting Carrier	<b>Lancaster Telephone Company d/b/a Comporium Communications</b>				
Signature of Authorized Officer				Date	<b>6-1-2023</b>
Printed name of Authorized Officer	<b>Greg Lunsford</b>				
Title or position of Authorized Officer	<b>Vice President – Regulatory Affairs</b>				
Telephone number of Authorized Officer.	<b>(803) 326-7170</b>				
Study Area Code of Reporting Carrier	<b>240531</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>	

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

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

Name of Reporting Carrier		<b>Lancaster Telephone Company d/b/a Comporium Communications</b>	
Signature of Authorized Officer		Date  <b>6-1-2023</b>	
Printed name of Authorized Officer		<b>Greg Lunsford</b>	
Title or position of Authorized Officer		<b>Vice President – Regulatory Affairs</b>	
Telephone number or Authorized Officer.		<b>(803) 326-7170</b>	
Study Area Code of Reporting Carrier	<b>240531</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier **PBT Telecom, Inc.**

Signature of Authorized Officer



Date

**5-29-21**

Printed name of Authorized Officer

**Ben Spearman**

Title or position of Authorized Officer

**Vice President**

Telephone number of Authorized Officer.

**(803) 894-1104**

Study Area Code of Reporting Carrier

**240539**

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.

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

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

Name of Reporting Carrier **PBT Telecom, Inc.**

Signature of Authorized Officer

*B. Spearman*

Date

**5-29-23**

Printed name of Authorized Officer

**Ben Spearman**

Title or position of Authorized Officer

**Vice President**

Telephone number of Authorized Officer.

**(803) 894-1104**

Study Area Code of Reporting Carrier

**240539**

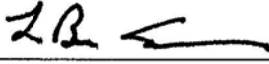
Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2023**

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

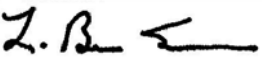
**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent;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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	PBT Telecom, Inc.		
Signature of Authorized Officer		Date	5-29-23
Printed name of Authorized Officer	Ben Spearman		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer.	(803) 894-1104		
Study Area Code of Reporting Carrier	240539	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.

**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	PBT Telecom, Inc.		
Signature of Authorized Officer		Date	5-29-23
Printed name of Authorized Officer	Ben Spearman		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer.	(803) 894-1104		
Study Area Code of Reporting Carrier	240539	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.



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

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

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

Name of Reporting Carrier                      **Comporium, Inc.**

Signature of Authorized Officer



Date

*6-1-2023*

Printed name of Authorized Officer                      Greg Lunsford

Title or position of Authorized Officer                      Vice President – Regulatory Affairs

Telephone number or Authorized Officer.                      (803) 326-7170

Study Area Code of Reporting Carrier                      **240542**



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

06/16/2023

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

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

Name of Reporting Carrier	<b>Comporium, Inc.</b>			
Signature of Authorized Officer			Date	<b>6-16-23</b>
Printed name of Authorized Officer	<b>Greg Lunsford</b>			
Title or position of Authorized Officer	<b>Vice President – Regulatory Affairs</b>			
Telephone number of Authorized Officer.	<b>(803) 326-7170</b>			
Study Area Code of Reporting Carrier	<b>240542</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.				

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

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

Name of Reporting Carrier	Comporium, Inc.		
Signature of Authorized Officer		Date	6-1-2023
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	(803) 326-7170		
Study Area Code of Reporting Carrier	240542	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.			

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

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

Name of Reporting Carrier                      **Comporium, Inc.**

Signature of Authorized Officer



Date

*6-18-23*

Printed name of Authorized Officer

**Greg Lunsford**

Title or position of Authorized Officer

**Vice President – Regulatory Affairs**

Telephone number or Authorized  
Officer.

**(803) 326-7170**

Study Area Code of Reporting Carrier

**240542**

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.

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

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

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

Name of Reporting Carrier                      **Cross Tel. Co.**

Signature of Authorized Officer

*Jacob Baldwin*

Date

*4/12/23*

Printed name of Authorized Officer

*Jacob Baldwin*

Title or position of Authorized Officer

*GC*

Telephone number of Authorized Officer.

*(918) 865 8600* ext. *----*

Study Area Code of Reporting Carrier

**431985**

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.

**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				Cross Tel. Co.	
Signature of Authorized Officer			<i>Jacob Baldwin</i>		Date 4/19/23
Printed name of Authorized Officer			Jacob Baldwin		
Title or position of Authorized Officer			GC		
Telephone number of Authorized Officer.			(910) 865 8600 ext. _____		
Study Area Code of Reporting Carrier	431985		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.					



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

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

Name of Reporting Carrier **Cross Tel. Co.**

Signature of Authorized Officer

*Jacob Baldwin*

Date

*4/19/23*

Printed name of Authorized Officer

*Jacob Baldwin*

Title or position of Authorized Officer

*GC*

Telephone number of Authorized Officer.

*(918) 865 8600* ext. *----*

Study Area Code of Reporting Carrier

**431985**

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

**06/16/2023**

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

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

Name of Reporting Carrier                      **Cross Tel. Co.**

Signature of Authorized Officer <i>Jacob Baldwin</i>	Date <i>4/19/23</i>
------------------------------------------------------	---------------------

Printed name of Authorized Officer      *Jacob Baldwin*

Title or position of Authorized Officer      *GC*

Telephone number of Authorized Officer.                      *( 918 ) 865 8600* ext.

Study Area Code of Reporting Carrier	<b>431985</b>
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Filing Due Date for this form (mm/dd/yyyy)
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<b>06/16/2023</b>
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

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

Signature of Authorized Officer



Date

5/25/2023

Printed name of Authorized Officer                      Steve Alexander

Title or position of Authorized Officer                      CFO

Telephone number of Authorized Officer.                      (903) 854-1000

Study Area Code of Reporting Carrier

**442068**


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

06/16/2023

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

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

Name of Reporting Carrier	Eastex Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	5/25/2023
Printed name of Authorized Officer	Steve Alexander		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(903) 854-1000		
Study Area Code of Reporting Carrier	442068	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.			

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

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

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

Signature of Authorized Officer

*Steve Alexander*

Date *5/25/2023*

Printed name of Authorized Officer                      Steve Alexander

Title or position of Authorized Officer                      CFO

Telephone number of Authorized Officer.                      (903) 854-1000

Study Area Code of Reporting Carrier

**442068**

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

06/16/2023

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

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

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

Signature of Authorized Officer

*Steve Alexander*

Date

*5/25/2023*

Printed name of Authorized Officer

Steve Alexander

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(903) 854-1000

Study Area Code of Reporting Carrier

**442068**

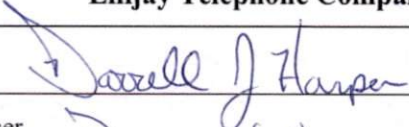
Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2023**

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

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

Name of Reporting Carrier				Ellijay Telephone Company	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			DARRELL S. HARPER		
Title or position of Authorized Officer			VP		
Telephone number or Authorized Officer.			(706) 697 5519 ext. _____		
Study Area Code of Reporting Carrier		220360	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.					

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

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

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

Name of Reporting Carrier                      **Ellijay Telephone Company**

Signature of Authorized Officer

*Darrell J. Harper*

Date

*6-8-2023*

Printed name of Authorized Officer

*DARRELL J. HARPER*

Title or position of Authorized Officer

*VP*

Telephone number of Authorized Officer.

*( 706 ) 697 5519* ext. *----*

Study Area Code of Reporting Carrier

**220360**

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

**06/16/2023**

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

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

Name of Reporting Carrier **Ellijay Telephone Company**

Signature of Authorized Officer

*Darrell J Harper*

Date

6-8-2023

Printed name of Authorized Officer

DARRELL J HARPER

Title or position of Authorized Officer

VP

Telephone number of Authorized Officer.

(706) 697 5519 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

220360

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

06/16/2023

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

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

Name of Reporting Carrier **Ellijay Telephone Company**

Signature of Authorized Officer

*Darrell J. Harper*

Date

*6-8-2023*

Printed name of Authorized Officer

*DARRELL J. HARPER*

Title or position of Authorized Officer

*VP*

Telephone number or Authorized Officer.

*(706) 697 5519* ext. *----*

Study Area Code of Reporting Carrier

**220360**

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

**06/16/2023**

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

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

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

Signature of Authorized Officer

*Charlie Cano*

Date

*4-20-2023*

Printed name of Authorized Officer

Charlie Cano

Title or position of Authorized Officer

CEO/General Manager

Telephone number of Authorized Officer.

( 903 ) 797-1186

Study Area Code of Reporting Carrier

**442070**

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

**06/16/2023**

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

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

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

Signature of Authorized Officer

*Charlie Cano*

Date

*4-20-2023*

Printed name of Authorized Officer

*Charlie Cano*

Title or position of Authorized Officer

CEO/General Manager

Telephone number of Authorized Officer.

(903) 797-1186

Study Area Code of Reporting Carrier

**442070**


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

06/16/2023

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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Etex Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	4-20-2023
Printed name of Authorized Officer	Charlie Cano		
Title or position of Authorized Officer	CEO/General Manager		
Telephone number of Authorized Officer.	(903) 797-1186		
Study Area Code of Reporting Carrier	442070	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

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

Signature of Authorized Officer



Date

*4-20-2023*

Printed name of Authorized Officer

Charlie Cano

Title or position of Authorized Officer

CEO/General Manager

Telephone number of Authorized Officer.

( 903 ) 797-1186

Study Area Code of Reporting Carrier

**442070**


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

06/16/2023

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


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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Bluffton Telephone Company		
Signature of Authorized Officer		Date	06/05/2023
Printed name of Authorized Officer	Donna Chatman		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer.	(602) 364 - 6305 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240512	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.			




**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>Bluffton Telephone Company</b>		
Signature of Authorized Officer		Date	06/05/2023
Printed name of Authorized Officer	Donna Chatman		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	(602) 364 - 6305 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>240512</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
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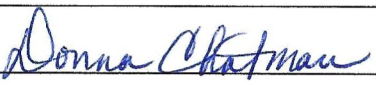
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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

Name of Reporting Carrier		<b>Bluffton Telephone Company</b>	
Signature of Authorized Officer			Date 06/05/2023
Printed name of Authorized Officer		Donna Chatman	
Title or position of Authorized Officer		Vice President	
Telephone number or Authorized Officer.		(602) 364 - 6305 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>240512</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.			

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

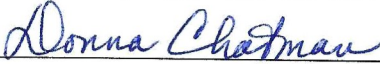
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Bluffton Telephone Company</b>			
Signature of Authorized Officer			Date	06/05/2023
Printed name of Authorized Officer	Donna Chatman			
Title or position of Authorized Officer	Vice President			
Telephone number or Authorized Officer.	(602) 364 – 6305 ext. _ _ _ _			
Study Area Code of Reporting Carrier	<b>240512</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.				



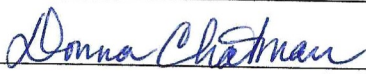
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	ComSouth Telecommunications, Inc.		
Signature of Authorized Officer		Date	06/05/2023
Printed name of Authorized Officer	Donna Chatman		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	(602) 364 – 6305 ext. _ _ _ _		
Study Area Code of Reporting Carrier	220369	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.			

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

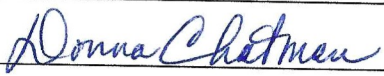
**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	<b>ComSouth Telecommunications, Inc.</b>		
Signature of Authorized Officer		Date	06/05/2023
Printed name of Authorized Officer	Donna Chatman		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer.	(602) 364 – 6305 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>220369</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.

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

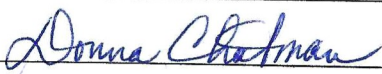
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier	<b>ComSouth Telecommunications, Inc.</b>		
Signature of Authorized Officer		Date	06/05/2023
Printed name of Authorized Officer	Donna Chatman		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer.	(602) 364 – 6305 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>220369</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.

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


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

Name of Reporting Carrier	<b>ComSouth Telecommunications, Inc.</b>		
Signature of Authorized Officer		Date	06/05/2023
Printed name of Authorized Officer	Donna Chatman		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	(602) 364 – 6305 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>220369</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>

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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Hargray Telephone Company</b>		
Signature of Authorized Officer		Date	06/05/2023
Printed name of Authorized Officer	Donna Chatman		
Title or position of Authorized Officer	Vice President		
Telephone number of Authorized Officer.	(602) 364 – 6305 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>240523</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.			



**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>Hargray Telephone Company</b>		
Signature of Authorized Officer	<i>Donna Chatman</i>	Date	06/05/2023
Printed name of Authorized Officer	Donna Chatman		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	(602) 364 – 6305 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>240523</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.			

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

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

Name of Reporting Carrier                      **Hargray Telephone Company**

Signature of Authorized Officer                      *Donna Chatman*                      Date    06/05/2023

Printed name of Authorized Officer                      Donna Chatman

Title or position of Authorized Officer                      Vice President

Telephone number of Authorized Officer.                      (602) 364 – 6305 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier	<b>240523</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
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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.

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

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

Name of Reporting Carrier	<b>Hargray Telephone Company</b>		
Signature of Authorized Officer	<i>Donna Chatman</i>	Date	06/05/2023
Printed name of Authorized Officer	Donna Chatman		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	(602) 364 – 6305 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>240523</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.