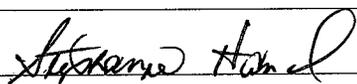


**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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	Bruce Telephone Company, Inc.		
Signature of Authorized Officer		Date	5/24/2023
Printed name of Authorized Officer	Stephanie Hand		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(601) 764 3463 ext. 8088		
Study Area Code of Reporting Carrier	280447	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023

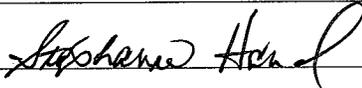
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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 **Bruce Telephone Company, Inc.**

Signature of Authorized Officer



Date

5/24/2023

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764 3463 ext. 8088

Study Area Code of Reporting Carrier

280447

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

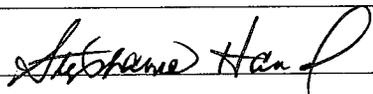
06/16/2023

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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                      **Bruce Telephone Company, Inc.**

Signature of Authorized Officer		Date	5/24/2023
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Printed name of Authorized Officer                      **Stephanie Hand**

Title or position of Authorized Officer                      **CFO**

Telephone number of Authorized Officer.                      **(601) 764 3463 ext. 8088**

Study Area Code of Reporting Carrier	<b>280447</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>
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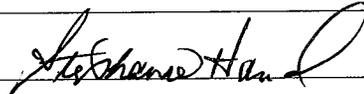
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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 **Bruce Telephone Company, Inc.**

Signature of Authorized Officer



Date

5/24/2023

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764 3463 ext. 8088

Study Area Code of Reporting Carrier

280447

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

06/16/2023

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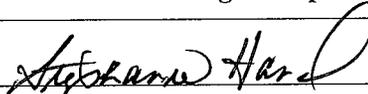
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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                      **Chickamauga Telephone Corporation**

Signature of Authorized Officer



Date

5/24/2023

Printed name of Authorized Officer                      Stephanie Hand

Title or position of Authorized Officer                      CFO

Telephone number or Authorized Officer.                      (601) 764 3463 ext. 8088

Study Area Code of Reporting Carrier

**220354**

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

06/16/2023

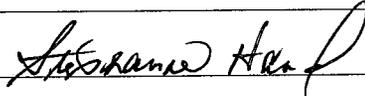
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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 **Chickamauga Telephone Corporation**

Signature of Authorized Officer



Date

5/24/2023

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764 3463 ext. 8088

Study Area Code of Reporting Carrier

220354

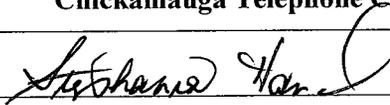
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(mm/dd/yyyy)

06/16/2023

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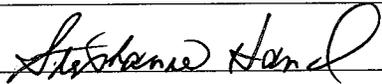
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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>Chickamauga Telephone Corporation</b>	
Signature of Authorized Officer		Date	5/24/2023
Printed name of Authorized Officer	Stephanie Hand		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(601) 764 3463 ext. 8088		
Study Area Code of Reporting Carrier	<b>220354</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**

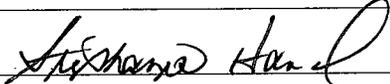
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier	<b>Chickamauga Telephone Corporation</b>		
Signature of Authorized Officer		Date	5/24/2023
Printed name of Authorized Officer	Stephanie Hand		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(601) 764 3463 ext. 8088		
Study Area Code of Reporting Carrier	<b>220354</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	Fulton Telephone Company, Inc.		
Signature of Authorized Officer		Date	5/24/2023
Printed name of Authorized Officer	Stephanie Hand		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(601) 764 3463 ext. 8088		
Study Area Code of Reporting Carrier	280455	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023

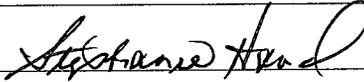
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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 **Fulton Telephone Company, Inc.**

Signature of Authorized Officer



Date

5/24/2023

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764 3463 ext. 8088

Study Area Code of Reporting Carrier

280455

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

06/16/2023

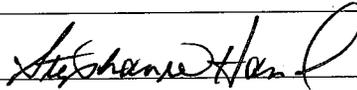
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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 **Fulton Telephone Company, Inc.**

Signature of Authorized Officer



Date

5/24/2023

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

(601) 764 3463 ext. 8088

Study Area Code of Reporting Carrier

280455

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

06/16/2023

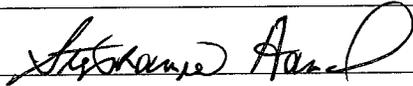
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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 **Fulton Telephone Company, Inc.**

Signature of Authorized Officer



Date

5/24/2023

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764 3463 ext. 8088

Study Area Code of Reporting Carrier

280455

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

06/16/2023

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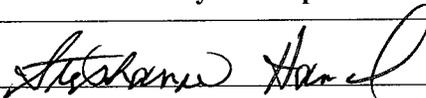
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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                      **Mound Bayou Telephone & Communications, Inc.**

Signature of Authorized Officer



Date

5/24/2023

Printed name of Authorized Officer                      Stephanie Hand

Title or position of Authorized Officer                      CFO

Telephone number or Authorized Officer.                      (601) 764 3463 ext. 8088

Study Area Code of Reporting Carrier

**280462**

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

06/16/2023

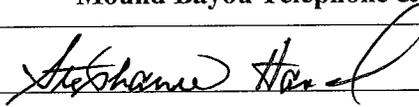
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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 **Mound Bayou Telephone & Communications, Inc.**

Signature of Authorized Officer



Date

5/24/2023

Printed name of Authorized Officer

Stephanie Hand

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(601) 764 3463 ext. 8088

Study Area Code of Reporting Carrier

**280462**

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 **Mound Bayou Telephone & Communications, Inc.**

Signature of Authorized Officer *Stephanie Hand* Date 5/24/2023

Printed name of Authorized Officer Stephanie Hand

Title or position of Authorized Officer CFO

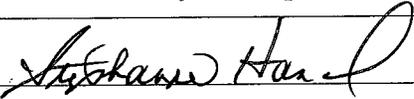
Telephone number of Authorized Officer. (601) 764 3463 ext. 8088

Study Area Code of Reporting Carrier	<b>280462</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>Mound Bayou Telephone &amp; Communications, Inc.</b>	
Signature of Authorized Officer		Date	5/24/2023
Printed name of Authorized Officer	Stephanie Hand		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(601) 764 3463 ext. 8088		
Study Area Code of Reporting Carrier	<b>280462</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	Farmers Telephone Cooperative, Inc.		
Signature of Authorized Officer	<i>Mayme T. Carsten</i>	Date	5/30/23
Printed name of Authorized Officer	Mayme T. Carsten		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(843) 382 1380 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240520	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>Farmers Telephone Cooperative, Inc.</b>	
Signature of Authorized Officer	<i>Mayme T. Carsten</i>	Date	<i>5/30/23</i>
Printed name of Authorized Officer	<i>Mayme T. Carsten</i>		
Title or position of Authorized Officer	<i>CFO</i>		
Telephone number or Authorized Officer.	<i>(843) 382-1380 ext. _____</i>		
Study Area Code of Reporting Carrier	<b>240520</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		Farmers Telephone Cooperative, Inc.	
Signature of Authorized Officer	<i>Mayme T. Carsten</i>	Date	5/30/23
Printed name of Authorized Officer	Mayme T. Carsten		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(843) 382 1380 ext. _____		
Study Area Code of Reporting Carrier	240520	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>Farmers Telephone Cooperative, Inc.</b>	
Signature of Authorized Officer		<i>Mayme T. Carsten</i>	Date <i>5/30/23</i>
Printed name of Authorized Officer		<i>Mayme T. Carsten</i>	
Title or position of Authorized Officer		<i>CEO</i>	
Telephone number or Authorized Officer.		<i>(843) 382 1380</i> ext. _____	
Study Area Code of Reporting Carrier	<b>240520</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 as to the Accuracy of the CAF ICC Data Reported**

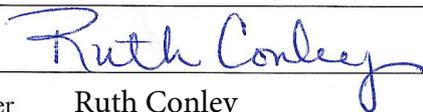
**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	<b>Foothills Rural Telephone Cooperative Corporation, Inc.</b>		
Signature of Authorized Officer	<i>Ruth Conley</i>	Date	<i>6-9-23</i>
Printed name of Authorized Officer	Ruth Conley		
Title or position of Authorized Officer	CEO / GM		
Telephone number or Authorized Officer.	( <u>606</u> ) <u>297</u> <u>9131</u> ext. _____		
Study Area Code of Reporting Carrier	<b>260406</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  
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>Foothills Rural Telephone Cooperative Corporation, Inc.</b>		
Signature of Authorized Officer		Date	6-9-23
Printed name of Authorized Officer	Ruth Conley		
Title or position of Authorized Officer	CEO / GM		
Telephone number of Authorized Officer.	( 606 ) 297 9131 ext. _____		
Study Area Code of Reporting Carrier	260406	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>Foothills Rural Telephone Cooperative Corporation, Inc.</b>	
Signature of Authorized Officer	<i>Ruth Conley</i>	Date	<i>6-9-23</i>
Printed name of Authorized Officer	Ruth Conley		
Title or position of Authorized Officer	CEO / GM		
Telephone number or Authorized Officer.	( <u>606</u> ) <u>297</u> <u>9131</u> ext. _____		
Study Area Code of Reporting Carrier	<b>260406</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		<b>Foothills Rural Telephone Cooperative Corporation, Inc.</b>	
Signature of Authorized Officer		<i>Ruth Conley</i>	Date <i>6-9-23</i>
Printed name of Authorized Officer		Ruth Conley	
Title or position of Authorized Officer		CEO / GM	
Telephone number of Authorized Officer.		( <u>606</u> ) <u>297</u> <u>9131</u> ext. _____	
Study Area Code of Reporting Carrier	<b>260406</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  
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                      **Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company**

Signature of Authorized Officer



Date

6/2/23

Printed name of Authorized Officer

James Campbell

Title or position of Authorized Officer

(AM) (FO)

Telephone number or Authorized Officer.

(606) 779-6254 ext. 6254

Study Area Code of Reporting Carrier

**260408**

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                      **Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company**

Signature of Authorized Officer



Date

*6/2/23*

Printed name of Authorized Officer

**James Campbell**

Title or position of Authorized Officer

*CA, CFO*

Telephone number of Authorized Officer.

**(606) 479 6254 ext. 6254**

Study Area Code of Reporting Carrier

**260408**

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                      **Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company**

Signature of Authorized Officer

Date

Printed name of Authorized Officer

Title or position of Authorized Officer

Telephone number or Authorized Officer.

Study Area Code of Reporting Carrier

**260408**

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                      **Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company**

Signature of Authorized Officer



Date

*6/2/23*

Printed name of Authorized Officer

*James Campbell*

Title or position of Authorized Officer

*CAO, CFO*

Telephone number of Authorized Officer.

*(606) 479 6254 ext. 6254*

Study Area Code of Reporting Carrier

**260408**

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                      **Grand River Mutual Telephone Company**

Signature of Authorized Officer	Date 5/23/2023
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*Gregg Davis*

Printed name of Authorized Officer                      Gregg Davis

Title or position of Authorized Officer                      President

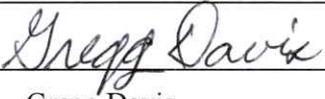
Telephone number of Authorized Officer.                      (660) 748- 3231

Study Area Code of Reporting Carrier	<b>351888</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 as to the Accuracy of the CAF ICC Data Reported**

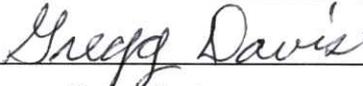
**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	<b>Grand River Mutual Telephone Company</b>		
Signature of Authorized Officer		Date	5/23/2023
Printed name of Authorized Officer	Gregg Davis		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(660) 748-3231		
Study Area Code of Reporting Carrier	<b>351888</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>Grand River Mutual Telephone Company</b>		
Signature of Authorized Officer		Date	5/23/2023
Printed name of Authorized Officer	Gregg Davis		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(660) 748-3231		
Study Area Code of Reporting Carrier	<b>351888</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 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>Grand River Mutual Telephone Company</b>		
Signature of Authorized Officer	<i>Gregg Davis</i>	Date	5/23/2023
Printed name of Authorized Officer	Gregg Davis		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(660) 748-3231		
Study Area Code of Reporting Carrier	<b>351888</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                      **Grand River Mutual Telephone Company**

Signature of Authorized Officer                      *Gregg Davis*                      Date 5/23/2023

Printed name of Authorized Officer                      Gregg Davis

Title or position of Authorized Officer                      President

Telephone number of Authorized Officer.                      (660) 748-3231

Study Area Code of Reporting Carrier	<b>421888</b>	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 **Grand River Mutual Telephone Company**

Signature of Authorized Officer

*Gregg Davis*

Date 5/23/2023

Printed name of Authorized Officer

Gregg Davis

Title or position of Authorized Officer

President

Telephone number or Authorized Officer.

(660) 748-3231

Study Area Code of Reporting Carrier

**421888**

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 **Grand River Mutual Telephone Company**

Signature of Authorized Officer *Gregg Davis* Date 5/23/2023

Printed name of Authorized Officer **Gregg Davis**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer. **(660) 748-3231**

Study Area Code of Reporting Carrier	<b>421888</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 **Grand River Mutual Telephone Company**

Signature of Authorized Officer *Gregg Davis* Date **5/23/2023**

Printed name of Authorized Officer **Gregg Davis**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer. **(660) 748-3231**

Study Area Code of Reporting Carrier	<b>421888</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>Hancock Rural Telephone Corporation d/b/a NineStar Connect</b>		
Signature of Authorized Officer		Date	06/02/2023
Printed name of Authorized Officer	Michael R. Burrow		
Title or position of Authorized Officer	President & CEO		
Telephone number of Authorized Officer.	(317) 326-3131		
Study Area Code of Reporting Carrier	<b>320775</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>Hancock Rural Telephone Corporation d/b/a NineStar Connect</b>			
Signature of Authorized Officer			Date	06/02/2023
Printed name of Authorized Officer	Michael R. Burrow			
Title or position of Authorized Officer	President & CEO			
Telephone number of Authorized Officer.	(317) 326-3131			
Study Area Code of Reporting Carrier	<b>320775</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                      **Hancock Rural Telephone Corporation d/b/a NineStar Connect**

Signature of Authorized Officer



Date

06/02/2023

Printed name of Authorized Officer                      Michael R. Burrow

Title or position of Authorized Officer                      President & CEO

Telephone number of Authorized Officer.                      (317) 326-3131

Study Area Code of Reporting Carrier

**320775**

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                      **Hancock Rural Telephone Corporation d/b/a NineStar Connect**

Signature of Authorized Officer



Date

06/02/2023

Printed name of Authorized Officer                      Michael R. Burrow

Title or position of Authorized Officer                      President & CEO

Telephone number of Authorized Officer.                      (317) 326-3131

Study Area Code of Reporting Carrier

**320775**

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                      **Highland Telephone Cooperative**

Signature of Authorized Officer	<i>Denise Waybright</i>	Date	06/12/2023
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Printed name of Authorized Officer  
Denise Waybright

Title or position of Authorized Officer      Office Manager

Telephone number of Authorized Officer.      ( 540 ) 468 2131 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier	<b>190237</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
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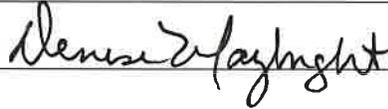
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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 **Highland Telephone Cooperative**

Signature of Authorized Officer



Date

06/12/2023

Printed name of Authorized Officer

Denise Waybright

Title or position of Authorized Officer

Office Manager

Telephone number or Authorized Officer.

( 540 ) 468 2131 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**190237**

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 **Highland Telephone Cooperative**

Signature of Authorized Officer <i>Denise Waybright</i>	Date 06/12/2023
---	--------------------

Printed name of Authorized Officer  
Denise Waybright

Title or position of Authorized Officer  
Office Manager

Telephone number or Authorized Officer. ( 540 ) 468 2131 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier	<b>190237</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
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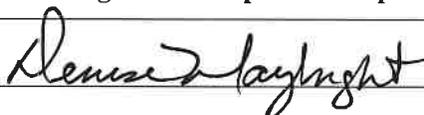
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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 **Highland Telephone Cooperative**

Signature of Authorized Officer



Date

06/12/2023

Printed name of Authorized Officer

Denise Waybright

Title or position of Authorized Officer

Office Manager

Telephone number or Authorized Officer.

( 540 ) 468 2131 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**190237**

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 **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

5/31/2023

Printed name of Authorized Officer **Fred Reimer**

Title or position of Authorized Officer **Executive Director – Financial Operations**

Telephone number or Authorized Officer.

**(843) 365-2151** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**240528**

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                    **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer                         Date     **5/31/2023**

Printed name of Authorized Officer                    **Fred Reimer**

Title or position of Authorized Officer     **Executive Director – Financial Operations**

Telephone number of Authorized Officer.                    **(843) 365-2151 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier	<b>240528</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>
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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>Horry Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer		Date	5/31/2023
Printed name of Authorized Officer	Fred Reimer		
Title or position of Authorized Officer	Executive Director – Financial Operations		
Telephone number of Authorized Officer.	(843) 365-2151 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>240528</b>	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	Horry Telephone Cooperative, Inc.		
Signature of Authorized Officer			Date 5/31/2023
Printed name of Authorized Officer	Fred Reimer		
Title or position of Authorized Officer	Executive Director – Financial Operations		
Telephone number or Authorized Officer.	(843) 365-2151 ext. _____		
Study Area Code of Reporting Carrier	240528	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>Industry Telephone Company</b>		
Signature of Authorized Officer	<i>Robin Marek</i>	Date	<b>April 25, 2023</b>
Printed name of Authorized Officer	<b>Robin Marek</b>		
Title or position of Authorized Officer	<b>General Manager</b>		
Telephone number of Authorized Officer.	<b>( 979 ) 357 4411 ext. 204</b>		
Study Area Code of Reporting Carrier	<b>442093</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	Industry Telephone Company		
Signature of Authorized Officer	<i>Robin Marek</i>	Date	April 25, 2023
Printed name of Authorized Officer	<b>Robin Marek</b>		
Title or position of Authorized Officer	<b>General Manager</b>		
Telephone number of Authorized Officer.	( <u>979</u> ) <u>357</u> <u>4411</u> ext. <u>204</u>		
Study Area Code of Reporting Carrier	<b>442093</b>	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>Industry Telephone Company</b>	
Signature of Authorized Officer	<i>Robin Marek</i>	Date	<b>April 25, 2023</b>
Printed name of Authorized Officer		<b>Robin Marek</b>	
Title or position of Authorized Officer		<b>General Manager</b>	
Telephone number of Authorized Officer.		<b>( 979 ) 357 4411 ext. 204</b>	
Study Area Code of Reporting Carrier	<b>442093</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                      **Industry Telephone Company**

Signature of Authorized Officer              *Robin Marek*                      Date              **April 25, 2023**

Printed name of Authorized Officer              **Robin Marek**

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

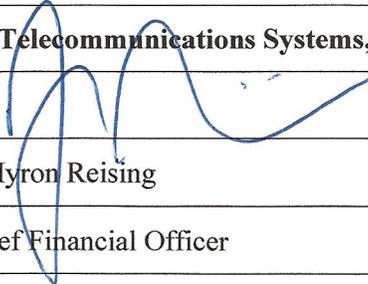
Telephone number of Authorized Officer.              ( 979 ) 357 4411 ext. 204

Study Area Code of Reporting Carrier	<b>442093</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**

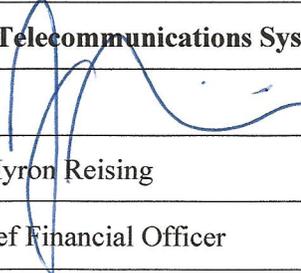
**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; 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	ITS Telecommunications Systems, LLC		
Signature of Authorized Officer			Date JUNE 7, 2023
Printed name of Authorized Officer	Myron Reising		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(954) 753 - 0100		
Study Area Code of Reporting Carrier	210331	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**

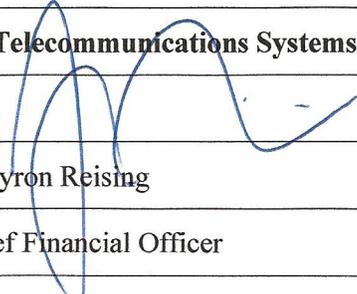
**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier	<b>ITS Telecommunications Systems, LLC</b>		
Signature of Authorized Officer		Date	<b>June 7, 2023</b>
Printed name of Authorized Officer	<b>Myron Reising</b>		
Title or position of Authorized Officer	<b>Chief Financial Officer</b>		
Telephone number of Authorized Officer.	<b>(954) 753 - 0100</b>		
Study Area Code of Reporting Carrier	<b>210331</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**

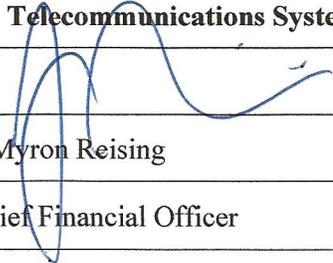
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier	<b>ITS Telecommunications Systems, LLC</b>		
Signature of Authorized Officer		Date	<b>JUNE 7, 2023</b>
Printed name of Authorized Officer	<b>Myron Reising</b>		
Title or position of Authorized Officer	<b>Chief Financial Officer</b>		
Telephone number or Authorized Officer.	<b>(954) 753 - 0100</b>		
Study Area Code of Reporting Carrier	<b>210331</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 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>ITS Telecommunications Systems, LLC</b>		
Signature of Authorized Officer		Date	<b>JUNE, 7, 2023</b>
Printed name of Authorized Officer	<b>Myron Reising</b>		
Title or position of Authorized Officer	<b>Chief Financial Officer</b>		
Telephone number of Authorized Officer.	<b>(954) 753 - 0100</b>		
Study Area Code of Reporting Carrier	<b>210331</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.			