

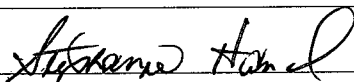
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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

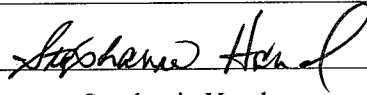
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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                      **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  
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06/16/2023

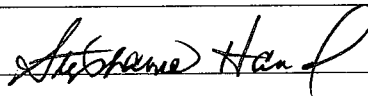
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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

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**

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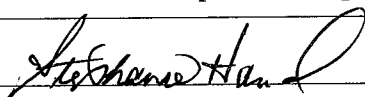
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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

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06/16/2023

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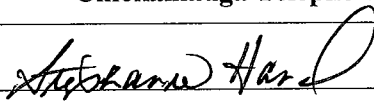
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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 of 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

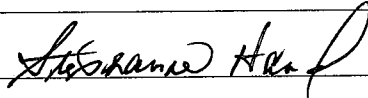
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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                      **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**

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

06/16/2023

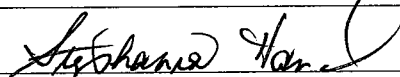
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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                      **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**

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

06/16/2023

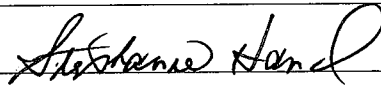
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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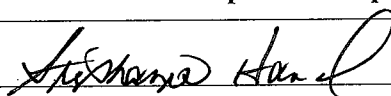
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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 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

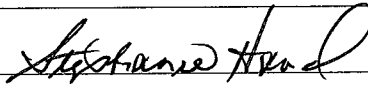
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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  
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06/16/2023

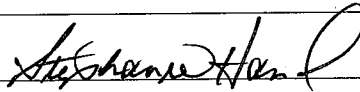
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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 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

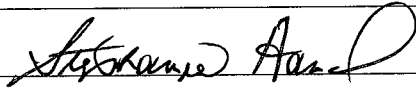
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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  
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06/16/2023

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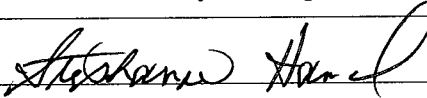
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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

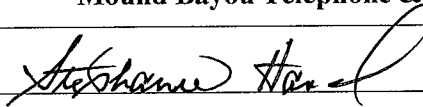
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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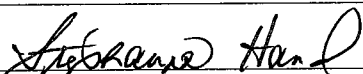
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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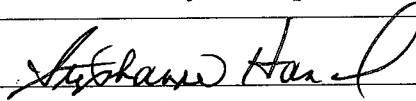
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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                      **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  
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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                      *Mayme T. Carsten*                      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

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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 **Farmers Telephone Cooperative, Inc.**

Signature of Authorized Officer Mayme T. Carsten Date 5/30/23

Printed name of Authorized Officer Mayme T. Carsten

Title or position of Authorized Officer CFO

Telephone number or 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

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

Signature of Authorized Officer Mayme T. Carsten Date 5/30/23

Printed name of Authorized Officer Mayme T. Carsten

Title or position of Authorized Officer CEO

Telephone number or Authorized Officer. (843) 382 1380 ext. ----

Study Area Code of Reporting Carrier	<u>240520</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>06/16/2023</u>
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**I certify that I am an officer of the reporting carrier; my responsibilities 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 **Foothills Rural Telephone Cooperative Corporation, Inc.**

Signature of Authorized Officer

*Ruth Conley*

Date

*6-9-23*

Printed name of Authorized Officer

Ruth Conley

Title or position of Authorized Officer

CEO / GM

Telephone number or 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

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**Certification of Officer  
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**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                      **Foothills Rural Telephone Cooperative Corporation, Inc.**

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.      ( 606 ) 297 9131 ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<b>260406</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 **Foothills Rural Telephone Cooperative Corporation, Inc.**

Signature of Authorized Officer

*Ruth Conley*

Date

*6-9-23*

Printed name of Authorized Officer

Ruth Conley

Title or position of Authorized Officer

CEO / GM

Telephone number or 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 Eligibility for CAF/ICC Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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	Date
---------------------------------	------

*Ruth Conley*

*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	<b>260406</b>	<div></div>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	<div></div>
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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	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 or 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 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>Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company</b>
---------------------------	--

Signature of Authorized Officer		Date	<b>6/2/23</b>
---------------------------------	--	------	---------------

Title or position of Authorized Officer	<b>CPA, CFO</b>
---	-----------------

Telephone number of Authorized Officer.	<b>(606) 479 6254 ext. 6254</b>
---	---------------------------------

Study Area Code of Reporting Carrier	<b>260408</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>Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company</b>
---------------------------	--

Signature of Authorized Officer		Date	<u>6/6/23</u>
---------------------------------	--	------	---------------

Title or position of Authorized Officer	<u>CPA, CFO</u>
---	-----------------

Telephone number of Authorized Officer.	<u>(606) 479 6254</u> ext. <u>6254</u>
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Study Area Code of Reporting Carrier	<b>260408</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>Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company</b>
---------------------------	--

Signature of Authorized Officer		Date	<b>6/2/23</b>
---------------------------------	--	------	---------------

Printed name of Authorized Officer	<b>James Campbell</b>
------------------------------------	-----------------------

Title or position of Authorized Officer	<b>CMA, CFO</b>
---	-----------------

Telephone number or Authorized Officer.	<b>(606) 479 6254 ext. 6254</b>
---	---------------------------------

Study Area Code of Reporting Carrier	<b>260408</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>
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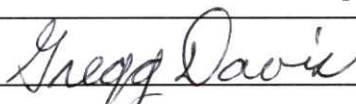
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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



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

**351888**

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>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 or 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 **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

**351888**

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

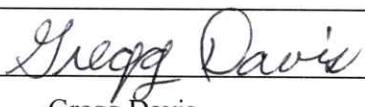


06/16/2023

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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			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	351888		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

*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

**421888**

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 of 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**

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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

**421888**

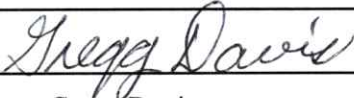
Filing Due Date for this form  
(mm/dd/yyyy)

06/16/2023

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**Certification of Officer for Rate-of-Return Carrier 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		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	421888	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	<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			Filing Due Date for this form (mm/dd/yyyy)	
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320775			Filing Due Date for this form (mm/dd/yyyy)	
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320775			Filing Due Date for this form (mm/dd/yyyy)	
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320775			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 **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 Eligibility for CAF/ICC Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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>Hancock Rural Telephone Corporation d/b/a NineStar Connect</b>
---------------------------	---

Signature of Authorized Officer	Date
---------------------------------	------





06/02/2023

Printed name of Authorized Officer	<b>Michael R. Burrow</b>
------------------------------------	--------------------------

Title or position of Authorized Officer	<b>President &amp; CEO</b>
---	----------------------------

Telephone number of Authorized Officer.	<b>(317) 326-3131</b>
---	-----------------------

Study Area Code of Reporting Carrier	<b>320775</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>Hancock Rural Telephone Corporation d/b/a NineStar Connect</b>
---------------------------	---

Signature of Authorized Officer	
---------------------------------	--



Date
------

06/02/2023
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Printed name of Authorized Officer	Michael R. Burrow
------------------------------------	-------------------

Title or position of Authorized Officer	President & CEO
---	-----------------

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

Study Area Code of Reporting Carrier			Filing Due Date for this form (mm/dd/yyyy)		
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Study Area Code of Reporting Carrier	<b>320775</b>		Filing Due Date for this form (mm/dd/yyyy)		
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Study Area Code of Reporting Carrier			Filing Due Date for this form (mm/dd/yyyy)		
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Study Area Code of Reporting Carrier			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                      **Highland Telephone Cooperative**

Signature of Authorized Officer

*Denise Waybright*

Date

06/12/2023

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

**190237**

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                      **Highland Telephone Cooperative**

Signature of Authorized Officer

*Denise Waybright*

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**

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Name of Reporting Carrier                      **Highland Telephone Cooperative**

Signature of Authorized Officer

*Denise Waybright*

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

**Highland Telephone Cooperative**

Signature of Authorized Officer

*Denise Waybright*

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**

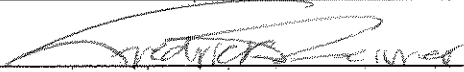
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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 of 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 Eligibility for CAF/ICC Recovery**

**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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

**240528**

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                      **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

**240528**

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                      **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

**442093**

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                      **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

**442093**

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

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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                      **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

**442093**

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                      **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

**442093**

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                      **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

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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

**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 of Authorized Officer.

**(954) 753 - 0100**

Study Area Code of Reporting Carrier

**210331**

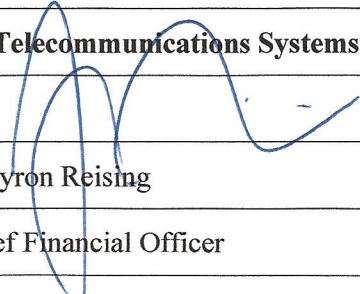
Filing Due Date for this form  
(mm/dd/yyyy)

**06/16/2023**

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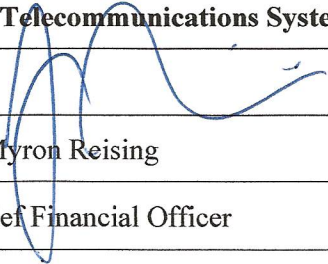
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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>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	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.			