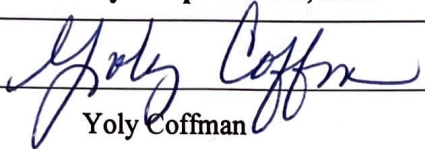


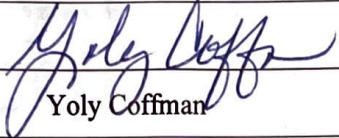
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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	Valley Telephone Co., LLC		
Signature of Authorized Officer		Date	06/06/23
Printed name of Authorized Officer	Yoly Coffman		
Title or position of Authorized Officer	Manager, Regulatory Compliance		
Telephone number of Authorized Officer.	(706) 645-8116 ext. n/a		
Study Area Code of Reporting Carrier	220324	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.

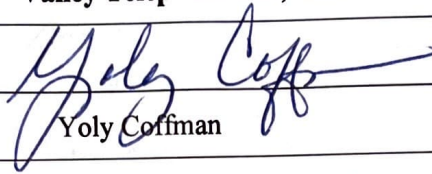
Name of Reporting Carrier	Valley Telephone Co., LLC		
Signature of Authorized Officer		Date	06/06/23
Printed name of Authorized Officer	Yoly Coffman		
Title or position of Authorized Officer	Manager, Regulatory Compliance		
Telephone number or Authorized Officer.	(706) 645-8116 ext. n/a		
Study Area Code of Reporting Carrier	220324	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 **Valley Telephone Co., LLC**

Signature of Authorized Officer



Date
06/06/23

Printed name of Authorized Officer

Yoly Coffman

Title or position of Authorized Officer

Manager, Regulatory Compliance

Telephone number of Authorized Officer.

(706) 645-8116 ext. n/a

Study Area Code of Reporting Carrier

220324

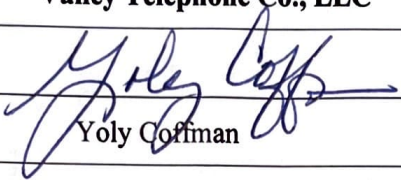
Filing Due Date for this form
(mm/dd/yyyy)

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	Valley Telephone Co., LLC		
Signature of Authorized Officer			Date 06/06/23
Printed name of Authorized Officer	Yoly Coffman		
Title or position of Authorized Officer	Manager, Regulatory Compliance		
Telephone number or Authorized Officer.	(706) 645-8116 ext. n/a		
Study Area Code of Reporting Carrier	220324		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)
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Name of Reporting Carrier	Knology of the Valley, Inc.
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Signature of Authorized Officer		Date
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		06/06/23
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Printed name of Authorized Officer	Yoly Coffman
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Title or position of Authorized Officer	Manager, Regulatory Compliance
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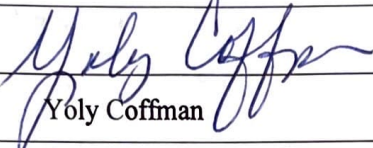
Telephone number or Authorized Officer.	(706) 645-8116 ext. n/a
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Study Area Code of Reporting Carrier	220371		Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	
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Certification of Officer as to 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.

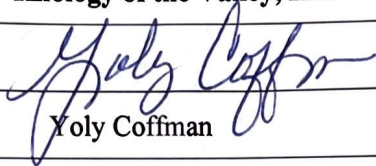
Name of Reporting Carrier	Knology of the Valley, Inc.		
Signature of Authorized Officer		Date	06/06/23
Printed name of Authorized Officer	Yoly Coffman		
Title or position of Authorized Officer	Manager, Regulatory Compliance		
Telephone number of Authorized Officer.	(706) 645-8116 ext. n/a		
Study Area Code of Reporting Carrier	220371	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 **Knology of the Valley, Inc.**

Signature of Authorized Officer



Date
06/06/23

Printed name of Authorized Officer

Yoly Coffman

Title or position of Authorized Officer

Manager, Regulatory Compliance

Telephone number of Authorized Officer.

(706) 645-8116 ext. n/a

Study Area Code of Reporting Carrier

220371

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

06/16/2023

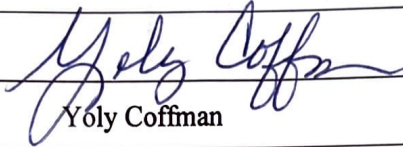
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Knology of the Valley, Inc.**

Signature of Authorized Officer



Date
06/06/23

Printed name of Authorized Officer

Yoly Coffman

Title or position of Authorized Officer

Manager, Regulatory Compliance

Telephone number of Authorized Officer.

(706) 645-8116 ext. n/a

Study Area Code of Reporting Carrier

220371

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

06/16/2023

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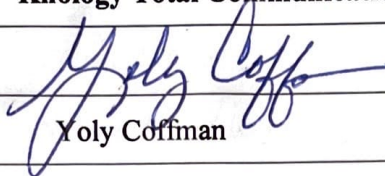
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Knology Total Communications, Inc.**

Signature of Authorized Officer



Date
06/06/2023

Printed name of Authorized Officer

Yoly Coffman

Title or position of Authorized Officer Manger, Regulatory Compliance

Telephone number or Authorized Officer. (706) 645-8116 ext. n/a

Study Area Code of Reporting Carrier

250295

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

06/16/2023

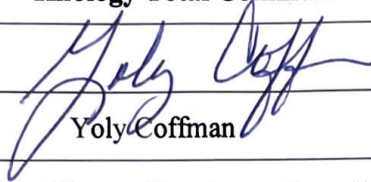
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **Knology Total Communications, Inc.**

Signature of Authorized Officer



Date

06/06/2023

Printed name of Authorized Officer

Yoly Coffman

Title or position of Authorized Officer

Manger, Regulatory Compliance

(706) 645-8116 ext. n/a

(706) 645-8116 ext. n/a

Study Area Code of Reporting Carrier

250295

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

06/16/2023

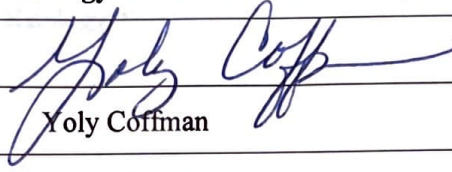
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Knology Total Communications, Inc.**

Signature of Authorized Officer



Date

06/06/2023

Printed name of Authorized Officer

Yoly Coffman

Title or position of Authorized Officer

Manger, Regulatory Compliance

Telephone number or Authorized
Officer.

(706) 645-8116 ext. n/a

Study Area Code of Reporting Carrier

250295

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

06/16/2023

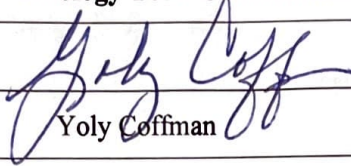
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Knology Total Communications, Inc.**

Signature of Authorized Officer



Date

06/06/2023

Printed name of Authorized Officer

Yoly Coffman

Title or position of Authorized Officer Manger, Regulatory Compliance

Telephone number or Authorized
Officer.

(706) 645-8116 ext. n/a

Study Area Code of Reporting Carrier

250295

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	Otelco Telephone LLC
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Signature of Authorized Officer 	Date 6/10/2023
---	----------------

Printed name of Authorized Officer	Trina M. Bragdon
------------------------------------	------------------

Title or position of Authorized Officer	Senior Vice President
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Telephone number or Authorized Officer.	(207) 992-9920 ext. _ _ _ _
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Study Area Code of Reporting Carrier	250312		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 **Otelco Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer **Trina M. Bragdon**

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

Telephone number or Authorized Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

250312

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 **Otelco Telephone LLC**

Signature of Authorized Officer 

Date 6/10/2023

Printed name of Authorized Officer **Trina M. Bragdon**

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

Telephone number or Authorized Officer. **(207) 992-9920** ext. _ _ _ _

Study Area Code of Reporting Carrier

250312

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 **Otelco Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer **Trina M. Bragdon**

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

Telephone number or Authorized Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

250312

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 **Blountsville Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number of Authorized Officer. (207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

250282

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 **Blountsville Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

250282

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

06/16/2023


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Name of Reporting Carrier **Blountsville Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

250282

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 **Blountsville Telephone LLC**

Signature of Authorized Officer  Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number or Authorized Officer. (207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier	250282		Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Brindlee Mountain Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number of Authorized Officer. (207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

250283

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 **Brindlee Mountain Telephone LLC**

Signature of Authorized Officer

Date 6/10/2023

Printed name of Authorized Officer



Title or position of Authorized Officer Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

250283

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

06/16/2023

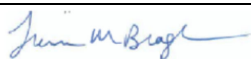
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Name of Reporting Carrier **Brindlee Mountain Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

250283

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 **Brindlee Mountain Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

250283

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

06/16/2023

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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 **Granby Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number of Authorized Officer. (207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

110036

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 **Granby Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

110036

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 **Granby Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

110036

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 **Granby Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

110036

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 **Hopper Telecommunications LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number of Authorized Officer. (207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

250300

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 **Hopper Telecommunications LLC**

Signature of Authorized Officer



Date

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

250300

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

06/16/2023

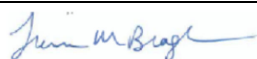
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Hopper Telecommunications LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

250300

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 **Hopper Telecommunications LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

250300

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)
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Name of Reporting Carrier	Mid-Maine Telecom LLC
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Signature of Authorized Officer		Date 6/10/2023
---------------------------------	---	----------------

Printed name of Authorized Officer	Trina M. Bragdon
------------------------------------	------------------

Title or position of Authorized Officer	Senior Vice President
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Telephone number or Authorized Officer.	(207) 992-9920 ext. _ _ _ _
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Study Area Code of Reporting Carrier	103315		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.

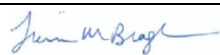
Name of Reporting Carrier	Mid-Maine Telecom LLC			
Signature of Authorized Officer			Date	6/10/2023
Printed name of Authorized Officer	Trina M. Bragdon			
Title or position of Authorized Officer	Senior Vice President			
Telephone number or Authorized Officer.	(207) 992-9920 ext. _ _ _ _			
Study Area Code of Reporting Carrier	103315		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 **Mid-Maine Telecom LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

103315

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 **Mid-Maine Telecom LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

103315

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 **Otelco Mid-Missouri LLC**

Signature of Authorized Officer 

Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number of Authorized Officer. (207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier **421917**

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 **Otelco Mid-Missouri LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

421917

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 **Otelco Mid-Missouri LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

421917

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 **Otelco Mid-Missouri LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer **Trina M. Bragdon**

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

Telephone number or Authorized Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

421917

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	Pine Tree Telephone LLC
---------------------------	--------------------------------

Signature of Authorized Officer 	Date 6/10/2023
---	----------------

Printed name of Authorized Officer	Trina M. Bragdon
------------------------------------	------------------

Title or position of Authorized Officer	Senior Vice President
---	-----------------------


Telephone number of Authorized Officer.	(207) 992-9920 _ ext. _ _ _ _
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Study Area Code of Reporting Carrier	100020		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	Pine Tree Telephone LLC			
Signature of Authorized Officer			Date 6/10/2023	
Printed name of Authorized Officer	Trina M. Bragdon			
Title or position of Authorized Officer	Senior Vice President			
Telephone number or Authorized Officer.	(207) 992-9920 ext. _ _ _ _			
Study Area Code of Reporting Carrier	100020		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 **Pine Tree Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

100020

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 **Pine Tree Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer **Trina M. Bragdon**

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

Telephone number or Authorized Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

100020

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 **Saco River Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number of Authorized Officer. (207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

100022

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 **Saco River Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

100022

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 **Saco River Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

100022

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 **Saco River Telephone LLC**

Signature of Authorized Officer  Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number or Authorized Officer. (207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

100022

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 **Shoreham Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number of Authorized Officer. (207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

140064

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 **Shoreham Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

140064

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 **Shoreham Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

140064

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 **Shoreham Telephone LLC**

Signature of Authorized Officer  Date 6/10/2023

Printed name of Authorized Officer **Trina M. Bragdon**

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

Telephone number or Authorized Officer. **(207) 992-9920** ext. _ _ _ _

Study Area Code of Reporting Carrier

140064

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 **War Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number of Authorized Officer. (207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

200258

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

06/16/2023

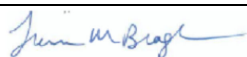
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **War Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized Officer.

(207) 992-9920 ext. _ _ _ _

Study Area Code of Reporting Carrier

200258

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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 **War Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

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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 **War Telephone LLC**

Signature of Authorized Officer



Date 6/10/2023

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number or Authorized
Officer.

(207) 992-9920 ext. _ _ _ _

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