

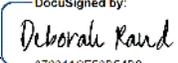
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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	Livingston Telephone Company		
Signature of Authorized Officer		Date	5/18/2023
Printed name of Authorized Officer	Deborah Rand		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(603.00) 472.00 9,786.00 ext. _____		
Study Area Code of Reporting Carrier	442107	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		Livingston Telephone Company	
Signature of Authorized Officer	<small>DocuSigned by:</small>  <small>876311CF62B64B8...</small>	Date	5/18/2023
Printed name of Authorized Officer		Deborah Rand	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.	(603.00)	472.00 9,786.00	ext. _____
Study Area Code of Reporting Carrier	442107	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		Livingston Telephone Company	
Signature of Authorized Officer	<small>DocuSigned by:</small>  <small>876311CF62654B8...</small>	Date	5/18/2023
Printed name of Authorized Officer	Deborah Rand		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	(603.00)	472.00	9,786.00 ext. _____
Study Area Code of Reporting Carrier	442107		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		Livingston Telephone Company	
Signature of Authorized Officer		Date	5/18/2023
Printed name of Authorized Officer	Deborah Rand		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	(603.00) 472.00 9,786.00 ext. _____		
Study Area Code of Reporting Carrier	442107	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 **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer <i>Alison J. Brown</i>	Date 06/06/2023
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Printed name of Authorized Officer **Alison J. Brown**

Title or position of Authorized Officer **Chief Legal Officer**

Telephone number of Authorized Officer. (**917**) **549** **7538** ext. _ _ _ _

Study Area Code of Reporting Carrier	190249		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 **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer *Alison J. Brown*

Date **06/06/2023**

Printed name of Authorized Officer **Alison J. Brown**

Title or position of Authorized Officer **Chief Legal Officer**

Telephone number or Authorized Officer. **(917) 549 7538** ext. _____

Study Area Code of Reporting Carrier

190249

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 **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer *Alison J. Brown* Date **06/06/2023**

Printed name of Authorized Officer **Alison J. Brown**

Title or position of Authorized Officer **Chief Legal Officer**

Telephone number of Authorized Officer. **(917) 549 7538** ext. _____

Study Area Code of Reporting Carrier	190249		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 **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer



Date

06/06/2023

Printed name of Authorized Officer **Alison J. Brown**

Title or position of Authorized Officer **Chief Legal Officer**

Telephone number or Authorized Officer.

(917) 549 7538 ext. _____

Study Area Code of Reporting Carrier

190249

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 **Mark Twain Rural Telephone Company**

Signature of Authorized Officer *Jim Lyon*

Date 06/12/2023

Printed name of Authorized Officer **Jim Lyon**

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

Telephone number or Authorized Officer. **(660) 423-5211** _____ ext. _____

Study Area Code of Reporting Carrier

421914

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 **Mark Twain Rural Telephone Company**

Signature of Authorized Officer *Jim Lyon*

Date 06/12/2023

Printed name of Authorized Officer **Jim Lyon**

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

Telephone number of Authorized Officer. **(660) 423-5211** _ _ _ _ _ ext. _ _ _ _ _

Study Area Code of Reporting Carrier

421914

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 **Mark Twain Rural Telephone Company**

Signature of Authorized Officer *J. Lyon*

Date 06/12/2023

Printed name of Authorized Officer **Jim Lyon**

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

Telephone number of Authorized Officer. **(660) 423-5211** _____ ext. _____

Study Area Code of Reporting Carrier

421914

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	Matanuska Telecom Association		
Signature of Authorized Officer	<i>Ryan Ponder</i>	Date	5/30/2023
Printed name of Authorized Officer	Ryan Ponder		
Title or position of Authorized Officer	VP Legal, Regulatory, and Government Affairs		
Telephone number of Authorized Officer.	(907) 761-2413		
Study Area Code of Reporting Carrier	613015	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	Matanuska Telecom Association		
Signature of Authorized Officer	<i>Ryan Ponder</i>	Date	5/30/2023
Printed name of Authorized Officer	Ryan Ponder		
Title or position of Authorized Officer	VP Legal, Regulatory, and Government Affairs		
Telephone number or Authorized Officer.	(907) 761-2413		
Study Area Code of Reporting Carrier	613015	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	Matanuska Telecom Association		
Signature of Authorized Officer	<i>Ryan Ponder</i>	Date	5/30/2023
Printed name of Authorized Officer	Ryan Ponder		
Title or position of Authorized Officer	VP Legal, Regulatory, and Government Affairs		
Telephone number or Authorized Officer.	(907) 761-2413		
Study Area Code of Reporting Carrier	613015	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023

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

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

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

Name of Reporting Carrier **Matanuska Telecom Association**

Signature of Authorized Officer

Ryan Ponder

Date

5/30/2023

Printed name of Authorized Officer

Ryan Ponder

Title or position of Authorized Officer

VP Legal, Regulatory, and Government Affairs

Telephone number or Authorized Officer.

(907) 761-2413

Study Area Code of Reporting Carrier

613015

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	Mid-Plains Rural Tel. Coop., Inc.		
Signature of Authorized Officer	<i>Dusty George</i>	Date	<i>4-19-2023</i>
Printed name of Authorized Officer	<i>Dusty George</i>		
Title or position of Authorized Officer	<i>CEO</i>		
Telephone number of Authorized Officer.	<i>(806) 668 4430</i> ext. _____		
Study Area Code of Reporting Carrier	442112	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		Mid-Plains Rural Tel. Coop., Inc.	
Signature of Authorized Officer	<i>Dusty George</i>	Date	<i>4-19-2023</i>
Printed name of Authorized Officer	<i>Dusty George</i>		
Title or position of Authorized Officer	<i>CEO</i>		
Telephone number or Authorized Officer.	<i>(806) 668 4420</i> ext. _____		
Study Area Code of Reporting Carrier	442112	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-Plains Rural Tel. Coop., Inc.	
Signature of Authorized Officer	<i>Dusty George</i>	Date	<i>4-19-2023</i>
Printed name of Authorized Officer	<i>Dusty George</i>		
Title or position of Authorized Officer	<i>CEO</i>		
Telephone number of Authorized Officer.	<i>(806) 668 4420 ext. _____</i>		
Study Area Code of Reporting Carrier	442112	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-Plains Rural Tel. Coop., Inc.	
Signature of Authorized Officer		Date	<i>4-19-2023</i>
Printed name of Authorized Officer	<i>Dusty George</i>		
Title or position of Authorized Officer	<i>CEO</i>		
Telephone number of Authorized Officer.	<i>(806) 668 4420</i> ext. _____		
Study Area Code of Reporting Carrier	442112	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		Mt. Horeb Telephone Co.	
Signature of Authorized Officer		Date	5-30-2023
Printed name of Authorized Officer	John Van Oeyen		
Title or position of Authorized Officer	CEO/GM		
Telephone number of Authorized Officer.	(608) 437 5551 ext. _____		
Study Area Code of Reporting Carrier	330916	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		Mt. Horeb Telephone Co.	
Signature of Authorized Officer		Date	5-30-2023
Printed name of Authorized Officer	John Van Ooyen		
Title or position of Authorized Officer	CEO/GM		
Telephone number or Authorized Officer.	(608) 437 5551 ext. _____		
Study Area Code of Reporting Carrier	330916	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		Mt. Horeb Telephone Co.	
Signature of Authorized Officer		Date	5-30-2023
Printed name of Authorized Officer		John Van Cuyen	
Title or position of Authorized Officer		CEO/GM	
Telephone number of Authorized Officer.		(608) 437 5551 ext. _____	
Study Area Code of Reporting Carrier	330916	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 **Mt. Horeb Telephone Co.**

Signature of Authorized Officer  Date 5-30-2023

Printed name of Authorized Officer John Van Ooyen

Title or position of Authorized Officer CEO/GM

Telephone number or Authorized Officer. (608) 437 5551 ext. _____

Study Area Code of Reporting Carrier	330916	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 **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer *Randall Lis* Date **June 8, 2023**

Printed name of Authorized Officer
Randall Lis

Title or position of Authorized Officer
General Manager

Telephone number or Authorized Officer. (864) 682 3700 ext. _ _ _ _

Study Area Code of Reporting Carrier	240538		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 **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer *Randall Lis*

Date **June 8, 2023**

Printed name of Authorized Officer
Randall Lis

Title or position of Authorized Officer
General Manager

Telephone number or Authorized Officer. **(864) 682 3700 ext. _ _ _ _**

Study Area Code of Reporting Carrier **240538**

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 **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer *Randall Lis* Date **June 8, 2023**

Printed name of Authorized Officer
Randall Lis

Title or position of Authorized Officer
General Manager

Telephone number or Authorized Officer. **(864) 682 3700 ext. _ _ _ _**

Study Area Code of Reporting Carrier	240538		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 **Piedmont Rural Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date **June 8, 2023**

Printed name of Authorized Officer
Randall Lis

Title or position of Authorized Officer
General Manager

Telephone number or Authorized Officer.

(864) 682 3700 ext. _ _ _ _

Study Area Code of Reporting Carrier

240538

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	Pineland Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	5/24/23
Printed name of Authorized Officer	Dustin Darden		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(912) 685 2121 ext. _____		
Study Area Code of Reporting Carrier	220377	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		Pineland Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date	5/24/23
Printed name of Authorized Officer	Dustin Darden		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(912) 685 2121 ext. _____		
Study Area Code of Reporting Carrier	220377	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		Pineland Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date	
		5/24/23	
Printed name of Authorized Officer		Dustin Darden	
Title or position of Authorized Officer		CEO	
Telephone number or Authorized Officer.		(912) 685 2121 ext. _____	
Study Area Code of Reporting Carrier	220377	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	Pineland Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	5/24/23
Printed name of Authorized Officer	Dustin Durdan		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(912) 685 2121 ext. _____		
Study Area Code of Reporting Carrier	220377	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	Millington Telephone Company, Inc.		
Signature of Authorized Officer		Date	5/31/2023
Printed name of Authorized Officer	Lexanne Horton		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(<u>870</u>) <u>336</u> - <u>2321</u> ext. _____		
Study Area Code of Reporting Carrier	290571	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	Millington Telephone Company, Inc.		
Signature of Authorized Officer		Date	5/31/2023
Printed name of Authorized Officer	Lexanne Horton		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(870) 336 - 2321 ext. _ _ _ _		
Study Area Code of Reporting Carrier	290571	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 **Millington Telephone Company, Inc.**

Signature of Authorized Officer  Date
5/31/2023

Printed name of Authorized Officer **Lexanne Horton**

Title or position of Authorized Officer **CFO**

Telephone number or Authorized Officer. **(870) 336 - 2321_ ext. _ _ _ _**

Study Area Code of Reporting Carrier	290571		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 **Millington Telephone Company, Inc.**

Signature of Authorized Officer  Date
5/31/2023

Printed name of Authorized Officer **Lexanne Horton**

Title or position of Authorized Officer **CFO**

Telephone number or Authorized Officer. **(870) 336 - 2321** ext. _____

Study Area Code of Reporting Carrier	290571	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	Tri-County Telephone Company, Inc.		
Signature of Authorized Officer		Date	5/31/2023
Printed name of Authorized Officer	Lexanne Horton		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(<u>870</u>) <u>336</u> - <u>2321</u> ext. _ _ _ _		
Study Area Code of Reporting Carrier	401726	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	Tri-County Telephone Company, Inc.		
Signature of Authorized Officer		Date	5/31/2023
Printed name of Authorized Officer	Lexanne Horton		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(870) 336 - 2321 ext. _ _ _ _		
Study Area Code of Reporting Carrier	401726	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	Tri-County Telephone Company, Inc.		
Signature of Authorized Officer		Date	5/31/2023
Printed name of Authorized Officer	Lexanne Horton		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(870) 336 - 2321 ext. _ _ _ _		
Study Area Code of Reporting Carrier	401726	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	Tri-County Telephone Company, Inc.		
Signature of Authorized Officer		Date	5/31/2023
Printed name of Authorized Officer	Lexanne Horton		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(870) 336 - 2321 ext. _ _ _ _		
Study Area Code of Reporting Carrier	401726	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
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