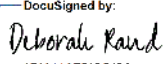


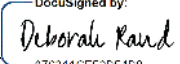
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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	<small>DocuSigned by:</small>  <small>876311CFG2B64B8...</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 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>Livingston Telephone Company</b>	
Signature of Authorized Officer	<small>DocuSigned by:</small>  <small>876311CF62664B8...</small>	Date	5/18/2023
Printed name of Authorized Officer <b>Deborah Rand</b>			
Title or position of Authorized Officer		<b>President</b>	
Telephone number or Authorized Officer.		( 603.00 ) 472.00 9,786.00 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>442107</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 **Livingston Telephone Company**

Signature of Authorized Officer

DocuSigned by:

*Deborah Rand*

876311CF62B64B8...

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**

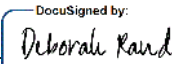
Filing Due Date for this form  
(mm/dd/yyyy)

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		<b>Livingston Telephone Company</b>	
Signature of Authorized Officer	<small>DocuSigned by:</small>  <small>876311CFG2B64B8...</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	<b>442107</b>		Filing Due Date for this form (mm/dd/yyyy) <b>06/16/2023</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

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

Name of Reporting Carrier                      **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 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**

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 **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                      **Lumos Telephone of Botetourt, Inc.**

Signature of Authorized Officer 	Date <b>06/06/2023</b>
---	------------------------

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 <b>190249</b>		Filing Due Date for this form (mm/dd/yyyy) <b>06/16/2023</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

Name of Reporting Carrier **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	<b>Mark Twain Rural Telephone Company</b>
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

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

Date	06/12/2023
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Printed name of Authorized Officer	<b>Jim Lyon</b>
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Title or position of Authorized Officer	<b>CEO &amp; General Manager</b>
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Telephone number or Authorized Officer.	<b>(660) 423-5211</b> _ _ _ _ _ ext. _ _ _ _ _
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Study Area Code of Reporting Carrier	<b>421914</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

Name of Reporting Carrier	<b>Mark Twain Rural Telephone Company</b>
---------------------------	---

Signature of Authorized Officer 	Date 06/12/2023
---	-----------------

Printed name of Authorized Officer	Jim Lyon
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Title or position of Authorized Officer	CEO & General Manager
---	-----------------------

Telephone number of Authorized Officer.	(660) 423-5211 _ _ _ _ _ ext. _ _ _ _ _
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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                      **Mark Twain Rural Telephone Company**

Signature of Authorized Officer                       Date    06/12/2023

Printed name of Authorized Officer                      Jim Lyon

Title or position of Authorized Officer                      CEO & General Manager

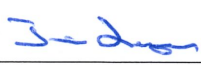
Telephone number of Authorized Officer.                      (660) 423-5211 \_ \_ \_ \_ \_ ext. \_ \_ \_ \_ \_

Study Area Code of Reporting Carrier	<b>421914</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier		<b>Mark Twain Rural Telephone Company</b>	
Signature of Authorized Officer 		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	<b>421914</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)
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Name of Reporting Carrier	<b>Matanuska Telecom Association</b>
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Signature of Authorized Officer	<i>Ryan Ponder</i>	Date	5/30/2023
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Printed name of Authorized Officer	Ryan Ponder
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Title or position of Authorized Officer	VP Legal, Regulatory, and Government Affairs
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Telephone number of Authorized Officer.	( 907 ) 761-2413
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Study Area Code of Reporting Carrier	<b>613015</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier	<b>Matanuska Telecom Association</b>				
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	<b>613015</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                      **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 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**

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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                      **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer *Dusty George*                      Date *4-19-2023*

Printed name of Authorized Officer                      *Dusty George*

Title or position of Authorized Officer                      *CEO*

Telephone number of Authorized Officer.                      *(806) 668 4430* ext. *----*

Study Area Code of Reporting Carrier	<b>442112</b>		Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	
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**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Name of Reporting Carrier	Mid-Plains Rural Tel. Coop., Inc.		
Signature of Authorized Officer	<i>Dusty George</i>	Date	4-19-2023
Printed name of Authorized Officer	Dusty George		
Title or position of Authorized Officer	CEO		
Telephone number or Authorized Officer.	(806) 668 4420 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		Date 4-19-2023	
Printed name of Authorized Officer		Dusty George	
Title or position of Authorized Officer		CEO	
Telephone number of Authorized Officer.		(806) 668 4420 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 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>Mid-Plains Rural Tel. Coop., Inc.</b>	
Signature of Authorized Officer		Date <u>4-19-2023</u>	
Printed name of Authorized Officer		<u>Dusty George</u>	
Title or position of Authorized Officer		<u>CEO</u>	
Telephone number of Authorized Officer.		<u>(806) 668 4420</u> ext. _____	
Study Area Code of Reporting Carrier	<b>442112</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                      **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**

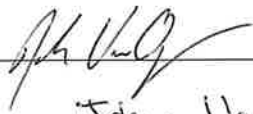
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**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

**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) 432 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 Oyen

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                      **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 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  
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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 **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**

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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

*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

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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                      **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 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>Pineland Telephone Cooperative, Inc.</b>	
Signature of Authorized Officer		Date	<b>5/24/23</b>
Printed name of Authorized Officer	<b>Dustin Darden</b>		
Title or position of Authorized Officer	<b>CEO</b>		
Telephone number or Authorized Officer.	<b>(912) 685 2121 ext. _____</b>		
Study Area Code of Reporting Carrier	<b>220377</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 **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 Darden

Title or position of Authorized Officer

CEO

Telephone number or Authorized Officer.

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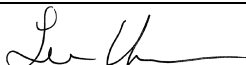
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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 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 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 <b>5/31/2023</b>
---	--------------------------

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**

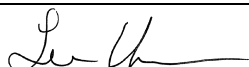
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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)

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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 <b>5/31/2023</b>
---	--------------------------

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 <b>290571</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>	
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to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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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.      ( 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 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>Tri-County Telephone Company, Inc.</b>
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Signature of Authorized Officer		Date	<b>5/31/2023</b>
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Printed name of Authorized Officer	<b>Lexanne Horton</b>
------------------------------------	-----------------------

Title or position of Authorized Officer	<b>CFO</b>
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Telephone number or Authorized Officer.	<b>( 870 ) 336 - 2321 ext. _ _ _ _</b>
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Study Area Code of Reporting Carrier	<b>401726</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>	
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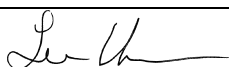
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

**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**

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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 <b>5/31/2023</b>
---	--------------------------

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

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