

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

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	<b>Skyline Telephone Membership Corporation</b>		
Signature of Authorized Officer	<i>Laura Shepherd</i>	Date	<i>6/5/2023</i>
Printed name of Authorized Officer	Laura Shepherd		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	( 336 ) 876 6382 ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	<b>230501</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.

TO BE COMPLETED BY THE REPORTING CARRIER,

**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 SkyLine Telephone Membership Corporation			
Signature of Authorized Officer <i>Laura Shepherd</i>		Date <i>6/5/2023</i>	
Printed name of Authorized Officer Laura Shepherd			
Title or position of Authorized Officer CFO			
Telephone number of Authorized Officer: <i>(336) 876-6382</i> , ext.			
Study Area Code of Reporting Carrier	230501	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**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				SkyLine Telephone Membership Corporation	
Signature of authorized officer		<i>Laura Shepherd</i>		Date	6/5/2023
Printed name of authorized officer		Laura Shepherd			
Title or position of authorized officer		CFO			
Telephone number of authorized officer:		(336) 876-6382			
Study Area Code of Reporting Carrier	230501	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023		
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**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, this 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 SkyLine Telephone Membership Corporation			
Signature of authorized officer <i>Laura Shepherd</i>		Date	6/5/2023
Printed name of authorized officer Laura Shepherd			
Title or position of authorized officer CFO			
Telephone number of authorized officer: (336) 876-6382 ext.			
Study Area Code of Reporting Carrier	230501	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	Smithville Telephone Company, Inc.		
Signature of Authorized Officer	<i>Roger V. Thompson</i>	Date	5/27/2023
Printed name of Authorized Officer	ROGER V. THOMPSON		
Title or position of Authorized Officer	PRESIDENT		
Telephone number of Authorized Officer.	(662) 651-4131 ext. _____		
Study Area Code of Reporting Carrier	280467	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 **Smithville Telephone Company, Inc.**

Signature of Authorized Officer

*Roger V Thompson*

Date

**5/27/2023**

Printed name of Authorized Officer

**ROGER V. THOMPSON**

Title or position of Authorized Officer

**PRESIDENT**

Telephone number of Authorized Officer.

**(662) 651 4131** ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**280467**

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		Smithville Telephone Company, Inc.	
Signature of Authorized Officer	<i>Roger V. Thompson</i>	Date	5/27/2023
Printed name of Authorized Officer		ROGER V. THOMPSON	
Title or position of Authorized Officer		PRESIDENT	
Telephone number of Authorized Officer.		(662) 651 4131 ext. _____	
Study Area Code of Reporting Carrier	280467	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		Smithville Telephone Company, Inc.	
Signature of Authorized Officer		Date	
<i>Roger V. Thompson</i>		5/27/2023	
Printed name of Authorized Officer		ROGER V. THOMPSON	
Title or position of Authorized Officer		PRESIDENT	
Telephone number of Authorized Officer.		(662) 651 4131 ext. _____	
Study Area Code of Reporting Carrier	280467	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
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**Certification of Officer  
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**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

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

Name of Reporting Carrier                      **Southwest Texas Telephone Company**

Signature of Authorized Officer     *C Todd Wilson*                      Date     *5/23/2023*

Printed name of Authorized Officer                      *C Todd Wilson*

Title or position of Authorized Officer                      *General Manager*

Telephone number or Authorized Officer.                      *(830) 683-1939* ext. *---*

Study Area Code of Reporting Carrier	<b>442135</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
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**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier **Southwest Texas Telephone Company**

Signature of Authorized Officer

*C Todd Wilson*

Date

*5/23/2023*

Printed name of Authorized Officer

*C Todd Wilson*

Title or position of Authorized Officer

*General Manager*

Telephone number of Authorized Officer.

*( 830 ) 683-1939 ext. \_\_\_\_\_*

Study Area Code of Reporting Carrier

**442135**

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

**06/16/2023**

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Name of Reporting Carrier **Southwest Texas Telephone Company**

Signature of Authorized Officer

*C Todd Wilson*

Date

*5/23/2023*

Printed name of Authorized Officer

*C Todd Wilson*

Title or position of Authorized Officer

*General Manager*

Telephone number or Authorized Officer.

*(830) 683-1939* ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

**442135**

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		Southwest Texas Telephone Company	
Signature of Authorized Officer	<i>C Todd Wilson</i>	Date	<i>5/23/2023</i>
Printed name of Authorized Officer	<i>C Todd Wilson</i>		
Title or position of Authorized Officer	<i>General Manager</i>		
Telephone number of Authorized Officer.	<i>(830) 683-1939</i> ext. _____		
Study Area Code of Reporting Carrier	<b>442135</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>

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

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

Name of Reporting Carrier                      **Star Telephone Membership Corp.**

Signature of Authorized Officer

*Donna C. Bullard*

Date

5/24/2023

Printed name of Authorized Officer                      Donna C. Bullard

Title or position of Authorized Officer                      Executive VP & CEO

Telephone number of Authorized Officer.                      (910) 564-7862

Study Area Code of Reporting Carrier

**230502**

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

06/16/2023

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

Name of Reporting Carrier **Star Telephone Membership Corp.**

Signature of Authorized Officer

*Donna C. Bullard*

Date

5/24/2023

Printed name of Authorized Officer

Donna C. Bullard

Title or position of Authorized Officer

Executive VP & CEO

Telephone number of Authorized Officer.

(910) 564-7862

Study Area Code of Reporting Carrier

230502

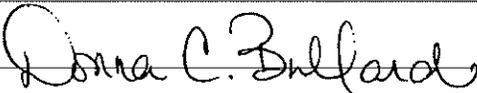
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier	Star Telephone Membership Corp.		
Signature of Authorized Officer		Date	5/24/2023
Printed name of Authorized Officer	Donna C. Bullard		
Title or position of Authorized Officer	Executive VP & CEO		
Telephone number of Authorized Officer.	(910) 564-7862		
Study Area Code of Reporting Carrier	230502	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 **Star Telephone Membership Corp.**

Signature of Authorized Officer

*Donna C. Bullard*

Date

5/24/2023

Printed name of Authorized Officer **Donna C. Bullard**

Title or position of Authorized Officer **Executive VP & CEO**

Telephone number of Authorized Officer.

**(910) 564-7862**

Study Area Code of Reporting Carrier

**230502**

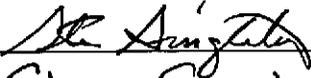
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**Certification of Officer  
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**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Taylor Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	5-30-2023
Printed name of Authorized Officer	Steve Singletary		
Title or position of Authorized Officer	CEO/GM		
Telephone number of Authorized Officer.	(325) 846 4111 ext. 4102		
Study Area Code of Reporting Carrier	442151	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		Taylor Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date	
<i>Steve Singletary</i>		5-30-2023	
Printed name of Authorized Officer		Steve Singletary	
Title or position of Authorized Officer		CEO/GM	
Telephone number of Authorized Officer.		(325) 846 4111 ext. 4102	
Study Area Code of Reporting Carrier	442151	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		Taylor Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date	
<i>Steve Singletary</i>		5-30-2023	
Printed name of Authorized Officer		Steve Singletary	
Title or position of Authorized Officer		CEO/GM	
Telephone number of Authorized Officer.		(325) 846 4111 ext. 4102	
Study Area Code of Reporting Carrier	442151	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**

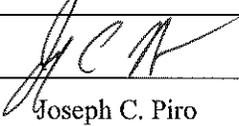
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).**

Name of Reporting Carrier		Taylor Telephone Cooperative, Inc.	
Signature of Authorized Officer	<i>Steve Sinajety</i>	Date	5-30-2023
Printed name of Authorized Officer	Steve Sinajety		
Title or position of Authorized Officer	CEO/GM		
Telephone number of Authorized Officer.	(325) 846 4111 ext. 4102		
Study Area Code of Reporting Carrier	442151	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023

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**Certification of Officer  
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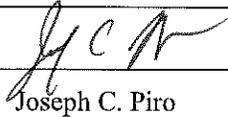
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Bay Springs Telephone Company		
Signature of Authorized Officer			Date 6/6/2023
Printed name of Authorized Officer	Joseph C. Piro		
Title or position of Authorized Officer	Treasurer/Vice President Administration		
Telephone number of Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	280446	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>Bay Springs Telephone Company</b>		
Signature of Authorized Officer		Date	6/6/2023
Printed name of Authorized Officer	Joseph C. Piro		
Title or position of Authorized Officer	Treasurer/Vice President Administration		
Telephone number or Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	<b>280446</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 Eligibility for CAF/ICC Recovery**

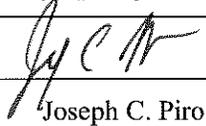
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Name of Reporting Carrier		<b>Bay Springs Telephone Company</b>	
Signature of Authorized Officer		Date <b>6/6/2023</b>	
Printed name of Authorized Officer		<b>Joseph C. Piro</b>	
Title or position of Authorized Officer		<b>Treasurer/Vice President Administration</b>	
Telephone number of Authorized Officer.		<b>(601) 354-9070</b>	
Study Area Code of Reporting Carrier	<b>280446</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>

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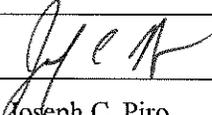
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Name of Reporting Carrier	<b>Bay Springs Telephone Company</b>		
Signature of Authorized Officer		Date	<b>6/6/2023</b>
Printed name of Authorized Officer	<b>Joseph C. Piro</b>		
Title or position of Authorized Officer	<b>Treasurer/Vice President Administration</b>		
Telephone number or Authorized Officer.	<b>(601) 354-9070</b>		
Study Area Code of Reporting Carrier	<b>280446</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>
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**Certification of Officer  
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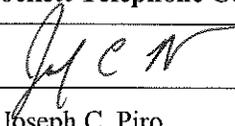
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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Crockett Telephone Company		
Signature of Authorized Officer		Date	6/16/2023
Printed name of Authorized Officer	Joseph C. Piro		
Title or position of Authorized Officer	Treasurer/Vice President Administration		
Telephone number of Authorized Officer.	( 601) 354-9070		
Study Area Code of Reporting Carrier	290561	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	Crockett Telephone Company		
Signature of Authorized Officer		Date	6/6/2023
Printed name of Authorized Officer	Joseph C. Piro		
Title or position of Authorized Officer	Treasurer/Vice President Administration		
Telephone number or Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	290561	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier		<b>Crockett Telephone Company</b>	
Signature of Authorized Officer		Date <b>6/6/2023</b>	
Printed name of Authorized Officer		<b>Joseph C. Piro</b>	
Title or position of Authorized Officer		<b>Treasurer/Vice President Administration</b>	
Telephone number or Authorized Officer.		<b>(601) 354-9070</b>	
Study Area Code of Reporting Carrier	<b>290561</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>

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

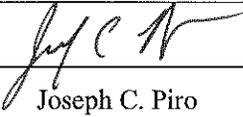
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier		<b>Crockett Telephone Company</b>	
Signature of Authorized Officer		Date	
		6/6/2023	
Printed name of Authorized Officer		Joseph C. Piro	
Title or position of Authorized Officer		Treasurer/Vice President Administration	
Telephone number or Authorized Officer.		(601) 354-9070	
Study Area Code of Reporting Carrier	290561	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
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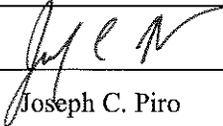
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

**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	National Telephone Company of Alabama		
Signature of Authorized Officer		Date	6/16/2023
Printed name of Authorized Officer	Joseph C. Piro		
Title or position of Authorized Officer	Treasurer/Vice President Administration		
Telephone number of Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	250286	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>National Telephone Company of Alabama</b>		
Signature of Authorized Officer		Date	<b>6/6/2023</b>
Printed name of Authorized Officer	<b>Joseph C. Piro</b>		
Title or position of Authorized Officer	<b>Treasurer/Vice President Administration</b>		
Telephone number or Authorized Officer.	<b>(601) 354-9070</b>		
Study Area Code of Reporting Carrier	<b>250286</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

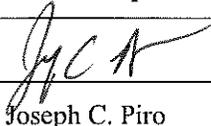
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier		National Telephone Company of Alabama	
Signature of Authorized Officer		Date	
		6/16/2023	
Printed name of Authorized Officer		Joseph C. Piro	
Title or position of Authorized Officer		Treasurer/Vice President Administration	
Telephone number or Authorized Officer.		(601) 354-9070	
Study Area Code of Reporting Carrier	250286	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023

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

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

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

Name of Reporting Carrier	<b>National Telephone Company of Alabama</b>		
Signature of Authorized Officer		Date	<b>6/6/2023</b>
Printed name of Authorized Officer	<b>Joseph C. Piro</b>		
Title or position of Authorized Officer	<b>Treasurer/Vice President Administration</b>		
Telephone number or Authorized Officer.	<b>(601) 354-9070</b>		
Study Area Code of Reporting Carrier	<b>250286</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**

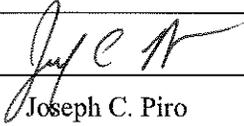
**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; 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	Peoples Telephone Company		
Signature of Authorized Officer		Date	6/6/2023
Printed name of Authorized Officer	Joseph C. Piro		
Title or position of Authorized Officer	Treasurer/Vice President Administration		
Telephone number of Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	290576	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>Peoples Telephone Company</b>		
Signature of Authorized Officer		Date	6/16/2022
Printed name of Authorized Officer	Joseph C. Piro		
Title or position of Authorized Officer	Treasurer/Vice President Administration		
Telephone number of Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	290576	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier		<b>Peoples Telephone Company</b>	
Signature of Authorized Officer		Date <b>6/6/2023</b>	
Printed name of Authorized Officer		<b>Joseph C. Piro</b>	
Title or position of Authorized Officer		<b>Treasurer/Vice President Administration</b>	
Telephone number of Authorized Officer.		<b>(601) 354-9070 ext. _____</b>	
Study Area Code of Reporting Carrier	<b>290576</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

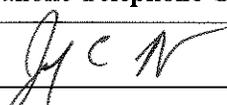
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier		<b>Peoples Telephone Company</b>	
Signature of Authorized Officer		Date <b>6/6/2023</b>	
Printed name of Authorized Officer		<b>Joseph C. Piro</b>	
Title or position of Authorized Officer		<b>Treasurer/Vice President Administration</b>	
Telephone number of Authorized Officer.		<b>(601) 354-9070</b>	
Study Area Code of Reporting Carrier	<b>290576</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Roanoke Telephone Company, Inc.		
Signature of Authorized Officer		Date	6/16/2023
Printed name of Authorized Officer	Joseph C. Piro		
Title or position of Authorized Officer	Treasurer/Vice President Administration		
Telephone number of Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	250317	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.			

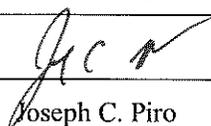
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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>Roanoke Telephone Company, Inc.</b>		
Signature of Authorized Officer		Date	6/16/2023
Printed name of Authorized Officer	Joseph C. Piro		
Title or position of Authorized Officer	Treasurer/Vice President Administration		
Telephone number of Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	250317	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**

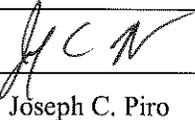
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier	<b>Roanoke Telephone Company, Inc.</b>		
Signature of Authorized Officer		Date	6/6/2023
Printed name of Authorized Officer	Joseph C. Piro		
Title or position of Authorized Officer	Treasurer/Vice President Administration		
Telephone number or Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	250317	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>Roanoke Telephone Company, Inc.</b>		
Signature of Authorized Officer		Date	<b>6/6/2023</b>
Printed name of Authorized Officer	<b>Joseph C. Piro</b>		
Title or position of Authorized Officer	<b>Treasurer/Vice President Administration</b>		
Telephone number or Authorized Officer.	<b>(601) 354-9070</b>		
Study Area Code of Reporting Carrier	<b>250317</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>
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**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

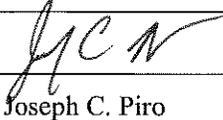
**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent;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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	West Tennessee Telephone Company, Inc.		
Signature of Authorized Officer		Date	6/16/2023
Printed name of Authorized Officer	Joseph C. Piro		
Title or position of Authorized Officer	Treasurer/Vice President Administration		
Telephone number of Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	290583	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>West Tennessee Telephone Company, Inc.</b>		
Signature of Authorized Officer		Date	<b>6/16/2023</b>
Printed name of Authorized Officer	<b>Joseph C. Piro</b>		
Title or position of Authorized Officer	<b>Treasurer/Vice President Administration</b>		
Telephone number of Authorized Officer.	<b>(601 354-9070</b>		
Study Area Code of Reporting Carrier	<b>290583</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>
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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

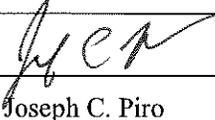
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier	<b>West Tennessee Telephone Company, Inc.</b>		
Signature of Authorized Officer		Date	6/6/2023
Printed name of Authorized Officer	Joseph C. Piro		
Title or position of Authorized Officer	Treasurer/Vice President Administration		
Telephone number or Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	<b>290583</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>West Tennessee Telephone Company, Inc.</b>		
Signature of Authorized Officer		Date	<b>6/6/2023</b>
Printed name of Authorized Officer	<b>Joseph C. Piro</b>		
Title or position of Authorized Officer	<b>Treasurer/Vice President Administration</b>		
Telephone number of Authorized Officer.	<b>(601) 354-9070</b>		
Study Area Code of Reporting Carrier	<b>290583</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>
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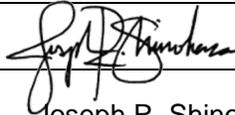
**Certification of Officer  
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

Name of Reporting Carrier                      **TeleGuam Holdings, LLC**

Signature of Authorized Officer



Date  
05/31/2023

Printed name of Authorized Officer

Joseph R. Shinohara

Title or position of Authorized Officer      Executive Chief Financial Officer

Telephone number of Authorized Officer.      ( 6 7 1 ) 6 4 4 1 6 5 3 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier      **663800**

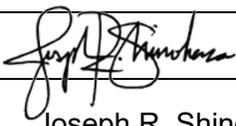
Filing Due Date for this form  
(mm/dd/yyyy)

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.

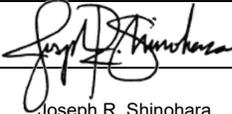
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

**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>TeleGuam Holdings, LLC</b>	
Signature of Authorized Officer		Date	05/31/23
Printed name of Authorized Officer	Joseph R. Shinohara		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	( 671 ) 488-4272 ext. _____		
Study Area Code of Reporting Carrier	<b>663800</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

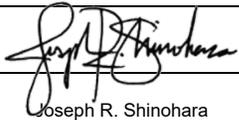
**I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant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

Name of Reporting Carrier		<b>TeleGuam Holdings, LLC</b>	
Signature of Authorized Officer		Date	05/31/2023
Printed name of Authorized Officer	Joseph R. Shinohara		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	( 671 ) 488-4272 ext. _____		
Study Area Code of Reporting Carrier	<b>663800</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023

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

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

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

Name of Reporting Carrier		<b>TeleGuam Holdings, LLC</b>	
Signature of Authorized Officer		Date	<b>05/31/2023</b>
Printed name of Authorized Officer	Joseph R. Shinohara		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	( 671 ) 488-4272 ext. _____		
Study Area Code of Reporting Carrier	<b>663800</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	<b>Total Communications, Inc.</b>		
Signature of Authorized Officer		Date	4/20/23
Printed name of Authorized Officer	Keith E Watson		
Title or position of Authorized Officer	Executive VP / Controller		
Telephone number of Authorized Officer.	( 918 ) 535 2208 ext. _ _ _ _		
Study Area Code of Reporting Carrier	432030- OK	412030- KS	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                      **Totah Communications, Inc.**

Signature of Authorized Officer

*Keith E Watson*

Date

*4/20/23*

Printed name of Authorized Officer

Keith E Watson

Title or position of Authorized Officer

Executive VP / Controller

Telephone number or Authorized Officer.

( 918 ) 535 2208 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**432030-  
OK**

**412030-  
KS**

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 **Total Communications, Inc.**

Signature of Authorized Officer

*Keith E Watson*

Date

*4/20/23*

Printed name of Authorized Officer

Keith E Watson

Title or position of Authorized Officer

Executive VP / Controller

Telephone number or Authorized Officer.

( 918 ) 535 2208 ext. \_ \_ \_ \_ \_

Study Area Code of Reporting Carrier

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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 **Total Communications, Inc.**

Signature of Authorized Officer



Date **4/20/23**

Printed name of Authorized Officer **Keith E Watson**

Title or position of Authorized Officer **Executive VP / Controller**

Telephone number or Authorized Officer. **( 918 ) 535 2208 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier	<b>432030-OK</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2023</b>
	<b>412030-KS</b>		

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