

**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		Heartland Telecommunications Company of Iowa d/b/a Premier Communications	
Signature of Authorized Officer <i>Ryan Boone</i>		Date May 26, 2023	
Printed name of Authorized Officer		Ryan Boone	
Title or position of Authorized Officer		CEO	
Telephone number of Authorized Officer. (712) 722-3451 ext. _ _ _ _ _			
Study Area Code of Reporting Carrier	351096	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	Heartland Telecommunications Company of Iowa d/b/a Premier Communications
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Signature of Authorized Officer <i>Ryan Boone</i>	Date May 26, 2023
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Printed name of Authorized Officer	Ryan Boone
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Title or position of Authorized Officer	CEO
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Telephone number or Authorized Officer.	(712) 722-3451 ext. ----
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Study Area Code of Reporting Carrier	351096		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	Heartland Telecommunications Company of Iowa d/b/a Premier Communications
---------------------------	--

Signature of Authorized Officer <i>Ryan Boone</i>	Date May 26, 2023
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Printed name of Authorized Officer	Ryan Boone
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Title or position of Authorized Officer	CEO
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Telephone number or Authorized Officer.	(712) 722-3451 ext. _ _ _ _
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Study Area Code of Reporting Carrier	351096		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	Heartland Telecommunications Company of Iowa d/b/a Premier Communications
---------------------------	--

Signature of Authorized Officer <i>Ryan Boone</i>	Date May 26, 2023
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Printed name of Authorized Officer	Ryan Boone
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Title or position of Authorized Officer	CEO
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Telephone number or Authorized Officer.	(712) 722-3451 ext. ____
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Study Area Code of Reporting Carrier	351096		Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	
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Premier-Heartland Certifications for 2023 Annual Filing

Final Audit Report

2023-05-27

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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	Hospers Telephone Exchange, Inc.		
Signature of Authorized Officer	<i>Ryan Boone</i>	Date	May 26, 2023
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(712) 722-3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351202	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 **Hospers Telephone Exchange, Inc.**

Signature of Authorized Officer *Ryan Boone*

Date
May 26, 2023

Printed name of Authorized Officer Ryan Boone

Title or position of Authorized Officer CEO

Telephone number of Authorized Officer. (712) 722-3451 ext. _ _ _ _

Study Area Code of Reporting Carrier **351202**

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 **Hospers Telephone Exchange, Inc.**

Signature of Authorized Officer <i>Ryan Boone</i>	Date May 26, 2023
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Printed name of Authorized Officer **Ryan Boone**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer. **(712) 722-3451** ext. _ _ _ _ _

Study Area Code of Reporting Carrier	351202		Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer 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	Hospers Telephone Exchange, Inc.		
Signature of Authorized Officer <i>Ryan Boone</i>	Date May 26, 2023		
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(712) 722-3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	351202		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.






Hospers Certifications for 2023 Annual Filing

Final Audit Report

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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 **Mutual Telephone Company**

Signature of Authorized Officer *Ryan Boone*

Date
May 26, 2023

Printed name of Authorized Officer Ryan Boone

Title or position of Authorized Officer CEO

Telephone number of Authorized Officer. (712) 722-3451 ext. _ _ _ _

Study Area Code of Reporting Carrier

351252

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 **Mutual Telephone Company**

Signature of Authorized Officer *Ryan Boone*

Date
May 26, 2023

Printed name of Authorized Officer Ryan Boone

Title or position of Authorized Officer CEO

Telephone number of Authorized Officer. (712) 722-3451 ext. _ _ _ _

Study Area Code of Reporting Carrier **351252**

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 **Mutual Telephone Company**

Signature of Authorized Officer *Ryan Boone*

Date
May 26, 2023

Printed name of Authorized Officer Ryan Boone

Title or position of Authorized Officer CEO

Telephone number of Authorized Officer. (712) 722-3451 ext. _ _ _ _

Study Area Code of Reporting Carrier

351252

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 **Mutual Telephone Company**

Signature of Authorized Officer *Ryan Boone*

Date
May 26, 2023

Printed name of Authorized Officer Ryan Boone

Title or position of Authorized Officer CEO

Telephone number of Authorized
Officer. (712) 722-3451 ext. _ _ _ _

Study Area Code of Reporting Carrier **351252**

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

06/16/2023

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Premier-Mutual Certifications for 2023 Annual Filing

Final Audit Report

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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 **Northern Iowa Telephone Company**

Signature of Authorized Officer *Ryan Boone*

Date
May 26, 2023

Printed name of Authorized Officer Ryan Boone

Title or position of Authorized Officer CEO

Telephone number of Authorized Officer. (712) 722-3451 ext. _ _ _ _

Study Area Code of Reporting Carrier

351259

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		Northern Iowa Telephone Company	
Signature of Authorized Officer <i>Ryan Boone</i>		Date May 26, 2023	
Printed name of Authorized Officer		Ryan Boone	
Title or position of Authorized Officer		CEO	
Telephone number or Authorized Officer.		(712) 722-3451 ext. _ _ _ _	
Study Area Code of Reporting Carrier	351259	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 **Northern Iowa Telephone Company**

Signature of Authorized Officer *Ryan Boone*

^{Date}
May 26, 2023

Printed name of Authorized Officer **Ryan Boone**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer. **(712) 722-3451 ext. _ _ _ _**

Study Area Code of Reporting Carrier

351259

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		Northern Iowa Telephone Company	
Signature of Authorized Officer <i>Ryan Boone</i>		Date May 26, 2023	
Printed name of Authorized Officer		Ryan Boone	
Title or position of Authorized Officer		CEO	
Telephone number or Authorized Officer.		(712) 722-3451 ext. _ _ _ _	
Study Area Code of Reporting Carrier	351259	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
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Premier-Northern Iowa Certifications for 2023 Annual Filing

Final Audit Report

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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 **Webb-Dickens Telephone Corporation**

Signature of Authorized Officer *Ryan Boone*

Date
May 26, 2023

Printed name of Authorized Officer Ryan Boone

Title or position of Authorized Officer CEO

Telephone number of Authorized Officer. (712) 722-3451 ext. _ _ _ _ _

Study Area Code of Reporting Carrier

351327

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		Webb-Dickens Telephone Corporation	
Signature of Authorized Officer <i>Ryan Boone</i>		Date May 26, 2023	
Printed name of Authorized Officer		Ryan Boone	
Title or position of Authorized Officer		CEO	
Telephone number or Authorized Officer.		(712) 722-3451 ext. _ _ _ _	
Study Area Code of Reporting Carrier	351327	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

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Name of Reporting Carrier **Webb-Dickens Telephone Corporation**

Signature of Authorized Officer *Ryan Boone*

Date
May 26, 2023

Printed name of Authorized Officer **Ryan Boone**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized
Officer. **(712) 722-3451 ext. _ _ _ _**

Study Area Code of Reporting Carrier

351327

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 **Webb-Dickens Telephone Corporation**

Signature of Authorized Officer *Ryan Boone*

Date **May 26, 2023**

Printed name of Authorized Officer **Ryan Boone**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer. **(712) 722-3451 ext. _ _ _ _**

Study Area Code of Reporting Carrier **351327**

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

06/16/2023

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Premier-Webb-Dickens Certifications for 2023 Annual Filing

Final Audit Report

2023-05-27

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Adobe Acrobat Sign

**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 **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer

E-SIGNED by Marty Rubin
on 2023-05-16 23:23:41 GMT

Date **May 16, 2023**

Printed name of Authorized Officer Martin Rubin

Title or position of Authorized Officer President & CEO

Telephone number of Authorized Officer. (407) 828-6659 ext.

Study Area Code of Reporting Carrier

210330

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	Smart City Telecommunications LLC d/b/a Smart City Telecom				
Signature of Authorized Officer	E-SIGNED by Marty Rubin on 2023-05-16 23:23:45 GMT			Date	May 16, 2023
Printed name of Authorized Officer	Martin Rubin				
Title or position of Authorized Officer	President & CEO				
Telephone number or Authorized Officer.	(407) 828-6659 ext. _____				
Study Area Code of Reporting Carrier	210330		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		Smart City Telecommunications LLC d/b/a Smart City Telecom	
Signature of Authorized Officer		E-SIGNED by Marty Rubin on 2023-05-16 23:23:52 GMT	Date May 16, 2023
Printed name of Authorized Officer		Martin Rubin	
Title or position of Authorized Officer		President & CEO	
Telephone number or Authorized Officer.		(407) 828-6659 ext. _____	
Study Area Code of Reporting Carrier	210330	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		Smart City Telecommunications LLC d/b/a Smart City Telecom	
Signature of Authorized Officer	E-SIGNED by Marty Rubin on 2023-05-16 23:23:49 GMT	Date	May 16, 2023
Printed name of Authorized Officer	Martin Rubin		
Title or position of Authorized Officer	President & CEO		
Telephone number or Authorized Officer.	(407) 828-6659 ext. _____		
Study Area Code of Reporting Carrier	210330	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

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

Name of Reporting Carrier **Goodman Telephone Company**

Signature of Authorized Officer <i>Wendy Ott</i>	Date 6/6/23
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Printed name of Authorized Officer Wendy Ottman

Title or position of Authorized Officer VP of Finance Central

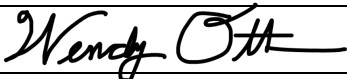
Telephone number of Authorized Officer. (573 _ _) 835 _ 4051 _ ext. _ _ _ _

Study Area Code of Reporting Carrier	421886		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	Goodman Telephone Company		
Signature of Authorized Officer		Date	6/13/2023
Printed name of Authorized Officer	Wendy Ottman		
Title or position of Authorized Officer	VP of Finance Central		
Telephone number or Authorized Officer.	(573) 835 4051 ext. _ _ _ _		
Study Area Code of Reporting Carrier	421886	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 **Goodman Telephone Company**

Signature of Authorized Officer



Date **6/13/2023**

Printed name of Authorized Officer **Wendy Ottman**

Title or position of Authorized Officer **VP of Finance Central**

Telephone number or Authorized Officer.

(**573**) **835** **4051** ext. _ _ _ _

Study Area Code of Reporting Carrier

421886

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 **Goodman Telephone Company**

Signature of Authorized Officer

Wendy Ott

Date

6/13/2023

Printed name of Authorized Officer **Wendy Ottman**

Title or position of Authorized Officer **VP of Finance Central**

Telephone number or Authorized Officer.

(573) 835 4051 ext.

Study Area Code of Reporting Carrier

421886

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 **Ozark Telephone Company**

Signature of Authorized Officer



Date 6/6/23

Printed name of Authorized Officer Wendy Ottman

Title or position of Authorized Officer VP of Finance Central

Telephone number of Authorized Officer. (573 _) 835 _ _ 4051 _ _ ext. _ _ _ _

Study Area Code of Reporting Carrier

421866

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 **Ozark Telephone Company**

Signature of Authorized Officer

Wendy Ottman

Date

6/13/2023

Printed name of Authorized Officer **Wendy Ottman**

Title or position of Authorized Officer **VP of Finance Central**

Telephone number or Authorized Officer.

(**573** __ __) **835** __ **4051** __ __ ext. __ __ __ __

Study Area Code of Reporting Carrier

421866

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 **Ozark Telephone Company**

Signature of Authorized Officer



Date

6/13/2023

Printed name of Authorized Officer **Wendy Ottman**

Title or position of Authorized Officer **VP of Finance Central**

Telephone number or Authorized Officer.

(573) 835 4051 ext. _ _ _ _

Study Area Code of Reporting Carrier

421866

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 **Ozark Telephone Company**

Signature of Authorized Officer



Date

6/13/2023

Printed name of Authorized Officer **Wendy Ottman**

Title or position of Authorized Officer **VP of Finance Central**

Telephone number or Authorized Officer.

(**573**) **835** **4051** ext. _ _ _ _

Study Area Code of Reporting Carrier

421866

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 **Seneca Telephone Company**

Signature of Authorized Officer

Wendy Ott

Date
6/6/23

Printed name of Authorized Officer Wendy Ottman

Title or position of Authorized Officer VP of Finance Central

Telephone number of Authorized Officer. (573) 835 4051 ext. _ _ _ _

Study Area Code of Reporting Carrier

421945

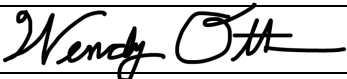
Filing Due Date for this form
(mm/dd/yyyy)

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.

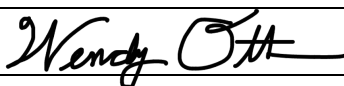
Name of Reporting Carrier	Seneca Telephone Company			
Signature of Authorized Officer			Date	6/13/2023
Printed name of Authorized Officer	Wendy Ottman			
Title or position of Authorized Officer	VP of Finance Central			
Telephone number or Authorized Officer.	(573 __) 835 __ 4051 __ ext. __ __ __			
Study Area Code of Reporting Carrier	421945		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 **Seneca Telephone Company**

Signature of Authorized Officer



Date

6/13/2023

Printed name of Authorized Officer

Wendy Ottman

Title or position of Authorized Officer

VP of Finance Central

Telephone number or Authorized
Officer.

(573) 835 4051 ext. _____

Study Area Code of Reporting Carrier

421945

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 **Seneca Telephone Company**

Signature of Authorized Officer



Date

6/13/2023

Printed name of Authorized Officer

Wendy Ottman

Title or position of Authorized Officer

VP of Finance Central

Telephone number or Authorized
Officer.

(573) 835 4051 ext.

Study Area Code of Reporting Carrier

421945

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

06/16/2023

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