

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				Blue Earth Valley Telephone Company	
Signature of authorized officer			Date		7-19-23
Printed name of authorized officer			William Eckles		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(507) 526-2822		
Study Area Code of Reporting Carrier		361358	Filing Due Date for this form (mm/dd/yyyy)	07/21/2023	
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 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				Blue Earth Valley Telephone Company	
Signature of authorized officer			Date		7-19-23
Printed name of authorized officer			William Eckles		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(507) 526-2822		
Study Area Code of Reporting Carrier		361358	Filing Due Date for this form (mm/dd/yyyy)		07/21/2023
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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 **Blue Earth Valley Telephone Company**

Signature of Authorized Officer

William Eckles

Date **7-19-23**

Printed name of Authorized Officer **William Eckles**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(507) 526-2822**

Study Area Code of Reporting Carrier

361358

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

07/21/2023

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

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

I certify that (Name of Agent) Moss Adams LLP is authorized to submit the 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 Moss Adams LLP

Name of Reporting Carrier Blue Earth Valley Telephone Company

Signature of Authorized Officer

William Eckles

Date 7-19-23

Printed name of Authorized Officer William Eckles

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (507) 526-2822 ext. _____

Study Area Code of Reporting Carrier 361358

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

07/21/2023

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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 **Cannon Valley Telecom**

Signature of authorized officer *William Eckles*

Date

7-19-23

Printed name of authorized officer **William Eckles**

Title or position of authorized officer **President**

Telephone number of authorized officer: **(507) 526-2822**

Study Area Code of Reporting Carrier

361440

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

07/21/2023

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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 Cannon Valley Telecom				
Signature of authorized officer <i>William Eckles</i>			Date	7-19-23
Printed name of authorized officer William Eckles				
Title or position of authorized officer President				
Telephone number of authorized officer: (507) 526-2822				
Study Area Code of Reporting Carrier	361440	Filing Due Date for this form (mm/dd/yyyy)	07/21/2023	
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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 **Cannon Valley Telecom**

Signature of Authorized Officer

William Eckles

Date **7-19-23**

Printed name of Authorized Officer **William Eckles**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(507) 526-2822**

Study Area Code of Reporting Carrier

361440

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

07/21/2023

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

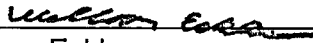
Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

I certify that (Name of Agent) Moss Adams LLP is authorized to submit the 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 Moss Adams LLP

Name of Reporting Carrier Cannon Valley Telecom

Signature of Authorized Officer



Date 7-19-23

Printed name of Authorized Officer William Eckles

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (507) 526-2822

Study Area Code of Reporting Carrier

361440

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

07/21/2023

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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.

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 Easton Telephone Company				
Signature of authorized officer <i>William Eckles</i>			Date	7-19-23
Printed name of authorized officer William Eckles				
Title or position of authorized officer President				
Telephone number of authorized officer: (507) 526-2822				
Study Area Code of Reporting Carrier	361384	Filing Due Date for this form (mm/dd/yyyy)	07/21/2023	
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 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 Easton Telephone Company				
Signature of authorized officer <i>William Eckles</i>			Date	7-19-23
Printed name of authorized officer William Eckles				
Title or position of authorized officer President				
Telephone number of authorized officer: (507) 526-2822				
Study Area Code of Reporting Carrier	361384	Filing Due Date for this form (mm/dd/yyyy)	07/21/2023	
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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 **Easton Telephone Company**

Signature of Authorized Officer

William Eckles

Date **7-19-23**

Printed name of Authorized Officer **William Eckles**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(507) 526-2822**

Study Area Code of Reporting Carrier

361384

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

07/21/2023

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

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

I certify that (Name of Agent) Moss Adams LLP is authorized to submit the 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 Moss Adams LLP

Name of Reporting Carrier Easton Telephone Company

Signature of Authorized Officer

William Eckles

Date 7-19-23

Printed name of Authorized Officer William Eckles

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (507) 526-2822

Study Area Code of Reporting Carrier

361384

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

07/21/2023

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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 Eckles Telephone Company				
Signature of authorized officer <i>William Eckles</i>			Date	7-19-23
Printed name of authorized officer William Eckles				
Title or position of authorized officer President				
Telephone number of authorized officer: (507) 526-2822				
Study Area Code of Reporting Carrier	361386		Filing Due Date for this form (mm/dd/yyyy)	07/21/2023
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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				Eckles Telephone Company	
Signature of authorized officer			Date		7-19-23
Printed name of authorized officer			William Eckles		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(507) 526-2822		
Study Area Code of Reporting Carrier		361386	Filing Due Date for this form (mm/dd/yyyy)	07/21/2023	
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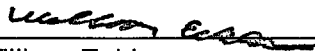
TO BE COMPLETED BY THE REPORTING CARRIER,

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 **Eckles Telephone Company**

Signature of Authorized Officer



Date **7-19-23**

Printed name of Authorized Officer **William Eckles**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(507) 526-2822**

Study Area Code of Reporting Carrier

361386

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

07/21/2023

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

I certify that (Name of Agent) Moss Adams LLP is authorized to submit the 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 Moss Adams LLP

Name of Reporting Carrier Eckles Telephone Company

Signature of Authorized Officer

William Eckles

Date 7-19-23

Printed name of Authorized Officer William Eckles

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (507) 526-2822 ext. _____

Study Area Code of Reporting Carrier 361386

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

07/21/2023

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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 Hager Telecom				
Signature of authorized officer <i>William Eckles</i>			Date	7-19-23
Printed name of authorized officer William Eckles				
Title or position of authorized officer President				
Telephone number of authorized officer: (507) 526-2822				
Study Area Code of Reporting Carrier	330889	Filing Due Date for this form (mm/dd/yyyy)	07/21/2023	
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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 **Hager Telecom**

Signature of authorized officer

William Eckles

Date

7-19-23

Printed name of authorized officer

William Eckles

Title or position of authorized officer

President

Telephone number of authorized officer:

(507) 526-2822

Study Area Code of Reporting Carrier

330889

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

07/21/2023

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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 **Hager Telecom**

Signature of Authorized Officer

William Eckles

Date **7-19-23**

Printed name of Authorized Officer **William Eckles**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(507) 526-2822**

Study Area Code of Reporting Carrier

330889

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

07/21/2023

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

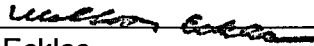
Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier

I certify that (Name of Agent) Moss Adams LLP is authorized to submit the 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 Moss Adams LLP

Name of Reporting Carrier Hager Telecom

Signature of Authorized Officer



Date 7-19-23

Printed name of Authorized Officer William Eckles

Title or position of Authorized Officer President

Telephone number of Authorized Officer: (507) 526-2822 ext. _____

Study Area Code of Reporting Carrier 330889

Filing Due Date for this form
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07/21/2023

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