

# VOLUME 1

## APPENDIX D Exhibit 2

### CARRIER CERTIFICATIONS Carrier Eligibility for CAF/ICC Recovery

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>OXFORD WEST TEL CO</b>					
Signature of Authorized Officer or employee: <b>Bruce Skellie</b>				<small>Digitally signed by Bruce Skellie DN:cn=Bruce Skellie,email=bskellie@firstlight.net,O=oxford west tel.co.,l=Albany NY 12207, Date:5/22/2023</small> Date: <b>5/22/2023</b>	
Printed name of Authorized Officer or employee: <b>Bruce Skellie</b>					
Title or position of Authorized Officer or employee: <b>SVP of Finance</b>					
Telephone number of Authorized Officer or employee: <b>518-694-0550</b>					
Study Area Code of Reporting Carrier	<b>100002</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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.					

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				Lincolnville Networks, Inc.	
Signature of authorized officer		<i>Shirley P. Manning</i>		Date	5/15/23
Printed name of authorized officer		Shirley Manning			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(207) 563-9941			
Study Area Code of Reporting Carrier		100003	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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<p>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).</p>					
<p>Name of Reporting Carrier:      <b>OXFORD COUNTY TEL</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Bruce Skellie</b></p>				<small>Digitally signed by Bruce Skellie DN:cn=Bruce Skellie,email=bskellie@firstlight.net,O=oxford west tel.co.,l=Albany NY 12207, Date: 5/22/2023</small>  <p>Date:      <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee:      <b>Bruce Skellie</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>SVP of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>518-694-0550</b></p>					
Study Area Code of Reporting Carrier	<b>100019</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

**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					Union River Telephone Company				
Signature of authorized officer				<i>Kathryn M. Silsby</i>		Date		May 25, 2023	
Printed name of authorized officer				Kathryn M Silsby					
Title or position of authorized officer				President					
Telephone number of authorized officer:				(207) 584-9911					
Study Area Code of Reporting Carrier		100027		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2023			
<p>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.</p>									

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<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UNITEL, INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Timothy May</span></p>				<p><small>Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Timothy May</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-548-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">100029</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <b>RICHMOND TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dylan Proper</b></p>				<p><small>Digitally signed by Dylan Proper DN:cn=Dylan Proper,email=dylan@richmond-telephone.com,O=richmond telephone company llc, Date:5/17/2023</small></p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dylan Proper</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>413-698-2255</b></p>					
Study Area Code of Reporting Carrier	<b>110737</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

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<p>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).</p>					
<p>Name of Reporting Carrier: <b>BRETTON WOODS TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Arthur Nicholson</b></p>				<p><small>Digitally signed by Arthur Nicholson DN:cn=Arthur Nicholson,email=anich@bwtc.net,O=bretton woods tel. co.,l= , Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Arthur Nicholson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>603-278-9919</b></p>					
Study Area Code of Reporting Carrier	<b>120038</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>Name of Reporting Carrier: <span style="color: blue;">DUNBARTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Montgomery</span></p>				<p><small>Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Montgomery</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">603-774-9911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">120043</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <b>FRANKLIN TEL. CO.-VT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kimberly Gates Maynard</b></p>				<p><small>Digitally signed by Kimberly Gates Maynard DN: cn=Kimberly Gates Maynard, email=ftc@franklinvt.net, O=franklin tel. co.-vt, I=Franklin VT 05457, Date: 5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kimberly Gates Maynard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>802-285-9911</b></p>					
Study Area Code of Reporting Carrier	<b>140053</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

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Name of Reporting Carrier				TOPSHAM TELEPHONE COMPANY, INC.	
Signature of authorized officer		Mark D. Perrion		Date	5/19/2023
Printed name of authorized officer		MARK DE PERRION			
Title or position of authorized officer		CONTROLLER			
Telephone number of authorized officer: (315) 321-5911, ext.					
Study Area Code of Reporting Carrier		140068		Filing Due Date for this form (mm/dd/yyyy)	June 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.					

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<p>Name of Reporting Carrier: <b>WAITSFIELD/FAYSTON TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Roger Nishi</b></p>				<p><small>Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=mnishi@wcvr.com,O=waitsfield/fayston tel. co.,l=Waitsfield VT 05673, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Roger Nishi</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President - Industry Relations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>802-496-8336</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>140069</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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Name of Reporting Carrier <b>Vermont Telephone Company, inc.</b>			
Signature of authorized officer <i>Emma McGuirk</i>		Date	<b>05/31/23</b>
Printed name of authorized officer <b>Emma McGuirk</b>			
Title or position of authorized officer <b>Director of Accounting</b>			
Telephone number of authorized officer: <b>(802) 885-7744</b> <small>ext.</small>			
Study Area Code of Reporting Carrier <b>147332</b>		Filing Due Date for this form <small>(mm/dd/yyyy)</small>	<b>June 16, 2023</b>
<p>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.</p>			

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<p>Name of Reporting Carrier: <b>ARMSTRONG TEL CO-NY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Barbara Direnzo</b></p>				<p><small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Barbara Direnzo</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Director - Finance and Accounting</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150071</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <b>CASSADAGA TEL CORP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Maytum</b></p>				<p>Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=cassadaga tel. corp.,l=Fredonia NY 14063-0209, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Maytum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President, COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>716-673-3016</b></p>					
Study Area Code of Reporting Carrier	<b>150076</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

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<p>Name of Reporting Carrier: <span style="color: blue;">CHAMPLAIN TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Wade Northrup</span></p>				<p><small>Digitally signed by Wade Northrup DN:cn=Wade Northrup,email=wnorthrup@champlaintelephone.com,O=champlain tel. co.,l= , Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Wade Northrup</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller/Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">518-324-9303</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150077</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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Name of Reporting Carrier	CITIZENS TELEPHONE COMPANY OF HAMMOND, NEW YORK INC		
Signature of authorized officer	Mark D. Perrior	Date	5/19/2023
Printed name of authorized officer	MARK DE PERRIOR		
Title or position of authorized officer	CONTROLLER		
Telephone number of authorized officer:	(352) 341-5911, ext.		
Study Area Code of Reporting Carrier	150081	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023

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<p>Name of Reporting Carrier: <b>CROWN POINT TEL. CORP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shana Macey</b></p>				<p>Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.knapp@cptelco.net,O=crown point tel. corp.,l=Crown Point NY 12928, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shana Macey</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-597-3300</b></p>					
Study Area Code of Reporting Carrier	<b>150085</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DUNKIRK &amp; FREDONIA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Maytum</b></p>				<p><small>Digitally signed by Mark Maytum DN:cn=Mark Maytum,email=mark.maytum@dfel.com,O=cassadaga tel. corp.,l=Fredonia NY 14063-0209, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Mark Maytum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President, COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>716-673-3016</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150091</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EMPIRE TEL CORP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Tom Prestigiacomo</span></p>				<p><small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tom Prestigiacomo</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">607-522-4237</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150093</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EMPIRE TEL CORP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Tom Prestigiacomo</span></p>				<p>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:7/20/2023</p>	
<p>Date: <span style="color: blue;">7/20/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tom Prestigiacomo</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">607-522-4237</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150093</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE FISHERS ISLAND TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>J. Finan</b></p>				<p><small>Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fiuc.net,O=the fishers island tel. co.,l=Fishers Island NY 06390, Date:5/31/2023</small></p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>J. Finan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>631-788-7251</b></p>					
Study Area Code of Reporting Carrier	<b>150095</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GERMANTOWN TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Karen Borovich</span></p>				<p><small>Digitally signed by Karen Borovich DN:cn=Karen Borovich,email=karen.borovich@gtelcorp.com,O=germantown tel. co., inc.,l=Germantown NY 12526, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Karen Borovich</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">518-537-1126</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150097</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HANCOCK TEL. CO.-NY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Wrighter, Jr</b></p>				<p>Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjir@hancocktelephone.com,O=hancock tel. co.-ny,l=Hancock NY 13783, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Wrighter, Jr</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>607-637-9912</b></p>					
Study Area Code of Reporting Carrier	<b>150099</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARGARETVILLE TEL. CO.,INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Glen Faulkner</span></p>				<p><small>Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel. co.,inc.,l=Margaretville NY 12455, Date:5/23/2023</small></p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Glen Faulkner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">845-586-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150104</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDDLEBURGH TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">James Becker</span></p>				<p><small>Digitally signed by James Becker DN:cn=James Becker, email=jim.becker@corp.midtel.com, O=middleburgh telephone co., l=Middleburgh NY 12122-0191, Date: 5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Becker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">518-827-5211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<p>150105</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2023</p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NEWPORT TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Joseph Tomaino</b></p>				<p>Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=joe.tomaino@corp.ntcnet.com,O=newport tel. co.,inc.,l=Newport NY 13416, Date:5/26/2023</p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Joseph Tomaino</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>315-845-8112</b></p>					
Study Area Code of Reporting Carrier	<b>150107</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">NEWPORT TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Joseph Tomaino</span>				<small>Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=joe.tomaino@corp.ntcnet.com,O=newport tel. co.,inc.,l=Newport NY 13416, Date:7/21/2023</small>  Date: <span style="color: blue;">7/21/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Joseph Tomaino</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">315-845-8112</span>					
Study Area Code of Reporting Carrier	150107		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NICHOLVILLE TELCO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jeffrey McGrath</b></p>				<p>Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slcfiber.com,O=nicholville telco llc,l=Nicholville NY 12965, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jeffrey McGrath</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP/Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>315-328-5333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150108</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ONEIDA COUNTY RURAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Heather Kirkland</span></p>				<p><small>Digitally signed by Heather Kirkland DN:cn=Heather Kirkland,email=hkirkland@ocrt.com,O=oneida county rural tel. co.,l=Holland Patent NY 13354, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Heather Kirkland</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">315-865-3239</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150111</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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: <u>Ontario Telephone Company, Inc.</u>			
Signature of authorized officer: <u>Marion</u>		Date:	<u>5/23/2023</u>
Printed name of authorized officer: <u>MARION PEISHER</u>			
Title or position of authorized officer: <u>Controller / Secretary</u>			
Telephone number of authorized officer: <u>315.548.7561</u> ext.			
Study Area Code of Reporting Carrier:	<u>150112</u>	Filing Due Date for this form (mm/dd/yyyy)	June 15, 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 Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PATTERSONVILLE TEL. CO.-NY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Nicole Rodriguez</b></p>				<p>Digitally signed by Nicole Rodriguez DN:cn=Nicole Rodriguez,email=nrodriguez@ptconnect.net,O=pattersonville tel. co.-ny, Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Nicole Rodriguez</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-887-2121</b></p>					
Study Area Code of Reporting Carrier	<b>150116</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STATE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Evans</b></p>				<p><small>Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel. co.,l=Coxsackie NY 12051, Date:5/19/2023</small></p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mark Evans</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>518-731-6128</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>150125</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p>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.</p>					

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 <u>Trumansburg Telephone Company, Inc.</u>			
Signature of authorized officer <u>[Signature]</u>		Date	<u>5/23/2023</u>
Printed name of authorized officer <u>Marion Feisher</u>			
Title or position of authorized officer <u>Controller / Secretary</u>			
Telephone number of authorized officer: <u>315, 548-7561</u> ext.			
Study Area Code of Reporting Carrier	<u>150131</u>	Filing Due Date for this form (mm/dd/yyyy)	June 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 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 <u>Alteva of Warwick LLC</u>			
Signature of authorized officer <u>[Signature]</u>		Date <u>5/22/23</u>	
Printed name of authorized officer <u>Robert Hagan</u>			
Title or position of authorized officer <u>Chief Financial Officer</u>			
Telephone number of authorized officer: <u>(470) 632-3979</u>			
Study Area Code of Reporting Carrier	<u>150135</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>June 16, 2023</u>
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	Alteva of Warwick LLC		
Signature of authorized officer	<small>DocuSigned by:</small> <i>Bob Hagan</i> <small>8882F8E9-20A0-4000-9000-000000000000</small>	Date	7/24/2023
Printed name of authorized officer	Robert Hagan		
Title or position of authorized officer	Chief Financial Officer		
Telephone number of authorized officer: (    ) -    , ext.	470 632 3979		
Study Area Code of Reporting Carrier	150135	Filing Due Date for this form (mm/dd/yyyy)	July 31, 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 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				Alteva of Warwick LLC	
Signature of authorized officer			Date		5/22/23
Printed name of authorized officer			Robert Hagan		
Title or position of authorized officer			Chief Financial Officer		
Telephone number of authorized officer:			(470) 632-3979 ext.		
Study Area Code of Reporting Carrier	160135	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE CITIZENS TELEPHONE COMPANY OF KECKSBURG</b></p>					
<p>Signature of Authorized Officer or employee: <b>Arnold Cutrell</b></p>				<p><small>Digitally signed by Arnold Cutrell DN:cn=Arnold Cutrell,email=arnie.cutrell@ctzn.net,O=the citizens telephone company of kecksburg,l=Mount Pleasant PA 15666, Date:5/25/2023</small></p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Arnold Cutrell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-424-4444</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170156</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HICKORY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Terri Jeffers</span></p>				<p><small>Digitally signed by Terri Jeffers DN:cn=Terri Jeffers,email=tlj@hky.com,O=hickory tel. co.,l= , Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Terri Jeffers</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Regulatory Director</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">724-356-2211</span></p>					
Study Area Code of Reporting Carrier	170171		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LACKAWAXEN TELECOM</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Kail</b></p>				<p><small>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=yukon-waltz tel. co.,l= , Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>James Kail</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President and CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-593-2411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170177</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL CO-PA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Barbara Direnzo</b></p>				<p><small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Barbara Direnzo</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Director - Finance and Accounting</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-283-0925</b></p>					
Study Area Code of Reporting Carrier	<b>170189</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE NORTH-EASTERN PENNSYLVANIA TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Tourje</b></p>				<p><small>Digitally signed by Steven Tourje DN:cn=Steven Tourje,email=stourje@nep.net,O=the north-eastern pennsylvania telephone co.,l=Forest City PA 18421, Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steven Tourje</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>570-785-2216</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170191</b></p>	<p><b></b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p><b></b></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE NORTH-EASTERN PENNSYLVANIA TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Tourje</b></p>				<p>Digitally signed by Steven Tourje DN:cn=Steven Tourje,email=stourje@nep.net,O=the north-eastern pennsylvania telephone co.,l=Forest City PA 18421, Date:7/25/2023</p>	
<p>Date: <b>7/25/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steven Tourje</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>570-785-2216</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170191</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	<p></p>
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTH PENN TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tom Prestigiacomo</span></p>				<p><small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tom Prestigiacomo</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">607-522-4237</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170192</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTH PENN TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tom Prestigiacomo</span></p>				<p><small>Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:7/20/2023</small></p> <p>Date: <span style="color: blue;">7/20/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tom Prestigiacomo</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">607-522-4237</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170192</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL NORTH</b></p>					
<p>Signature of Authorized Officer or employee: <b>Barbara Direnzo</b></p>				<p><small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Barbara Direnzo</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Director - Finance and Accounting</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170195</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PALMERTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Timothy Hausman</b></p>				<p><small>Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton telephone company, Date:5/17/2023</small></p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Timothy Hausman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>610-826-9433</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170196</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PALMERTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Timothy Hausman</b></p>				<p><small>Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton telephone company, Date:7/21/2023</small></p> <p>Date: <b>7/21/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Timothy Hausman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>610-826-9433</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>170196</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PENNSYLVANIA TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Richard Maietta</span></p>				<p><small>Digitally signed by Richard Maietta DN:cn=Richard Maietta,email=rich.maietta@ptcbb.com,O=pennsylvania tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Maietta</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">570-745-7101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170197</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PYMATUNING IND TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tammy Souza</span></p>				<p><small>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Maccleddy FL 32063-0485, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tammy Souza</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accounting Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">904-259-0036</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170200</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTH CANAAN TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Kail</b></p>				<p>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=yukon-waltz tel. co.,l= , Date: 5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Kail</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President and CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-593-2411</b></p>					
Study Area Code of Reporting Carrier	<b>170205</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VENUS TEL. CORP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Janice Kline</span></p>				<p><small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel. corp.,I=Venus PA 16364, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Janice Kline</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Sec/Treas.</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">814-354-6123</span></p>					
Study Area Code of Reporting Carrier	170210		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">YUKON - WALTZ TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Kail</span>				<small>Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=yukon-waltz tel. co.,l= , Date:5/30/2023</small>  Date: <span style="color: blue;">5/30/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">James Kail</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President and CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">724-593-2411</span>					
Study Area Code of Reporting Carrier	170215		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST SIDE TEL CO-PA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Ludenia</span></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jjudenia@westsidetel.com,O=west side tel. co.-pa,l= , Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">V.P. Operations, General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">304-983-8642</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170277</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL OF MD</b></p>					
<p>Signature of Authorized Officer or employee: <b>Barbara Direnzo</b></p>				<p><small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Barbara Direnzo</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Director - Finance and Accounting</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>180216</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

**TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER**

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>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).</p>			
Name of Reporting Carrier <b>Empower Telecom Inc</b>			
Signature of authorized officer <i>Carol B Jones</i>		Date	<b>5-30-2023</b>
Printed name of authorized officer <b>Carol B Jones</b>			
Title or position of authorized officer <b>VP Finance</b>			
Telephone number of authorized officer: <b>(434) 372-6132</b>			
Study Area Code of Reporting Carrier	<b>190219</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</b>
<p>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.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BURKE'S GARDEN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Missy Lynch</b></p>				<p><small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel. co., inc.,l= , Date:5/23/2023</small></p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Missy Lynch</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager/Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>276-472-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190220</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITIZENS TEL. COOP.-VA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Donna Smith</span></p>				<p><small>Digitally signed by Donna Smith DN:cn=Donna Smith,email=donnasmith@citizens.coop,O=citizens tel. coop.-va,l=Floyd VA 24091-0137, Date:5/24/2023</small></p>	
<p>Date: <span style="color: blue;">5/24/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Donna Smith</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">540-745-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190225</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MGW TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Sheri Smith</b></p>				<p><small>Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw telephone company, inc., Date:5/25/2023</small></p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Sheri Smith</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>540-925-5235</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190238</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NEW HOPE TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Laurie Hensley</b></p>				<p>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope telephone cooperative, n= New Hope VA 24469, Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Laurie Hensley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>540-363-6277</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190239</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p>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.</p>					

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 <b>Pembroke Telephone Cooperative</b>				
Signature of authorized officer 			Date	<b>5/11/2023</b>
Printed name of authorized officer <b>Leon A. Law</b>				
Title or position of authorized officer <b>President</b>				
Telephone number of authorized officer: <b>(540) 626-7111</b> ext.				
Study Area Code of Reporting Carrier	<b>190243</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 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.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PEOPLES MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va, Date:5/30/2023</small></p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>190244</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PEOPLES MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:7/25/2023</small></p> <p>Date: <b>7/25/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
Study Area Code of Reporting Carrier	<b>190244</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Matt Harbaugh</span></p>				<p><small>Digitally signed by Matt Harbaugh DN:cn=Matt Harbaugh,email=matthew.harbaugh@emp.shentel.com,O=shenandoah tel. co.,l= , Date:5/17/2023</small></p>	
<p>Date: <span style="color: blue;">5/17/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Matt Harbaugh</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Director of Accounting</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">814-233-4309</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">190250</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SHENANDOAH - NR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Matt Harbaugh</b></p>				<p><small>Digitally signed by Matt Harbaugh DN:cn=Matt Harbaugh,email=matthew.harbaugh@emp.shentel.com,O=shenandoah tel. co.,l= , Date:5/17/2023</small></p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Matt Harbaugh</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Director of Accounting</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>814-233-4309</b></p>					
Study Area Code of Reporting Carrier	<b>197251</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>ARMSTRONG OF WV</b>					
Signature of Authorized Officer or employee: <b>Barbara Direnzo</b> <small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023</small>				Date: <b>5/19/2023</b>	
Printed name of Authorized Officer or employee: <b>Barbara Direnzo</b>					
Title or position of Authorized Officer or employee: <b>Director - Finance and Accounting</b>					
Telephone number of Authorized Officer or employee: <b>724-283-0925</b>					
Study Area Code of Reporting Carrier	<b>200256</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SPRUCE KNOB SENECA ROCKS TEL., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jena Miller</b></p>				<p><small>Digitally signed by Jena Miller DN:cn=Jena Miller,email=jmiller@skstrt.com,O=spruce knob seneca rocks tel., inc.,l=Riverton WV 26814, Date:5/25/2023</small></p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jena Miller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Interim General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>304-567-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200257</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HARDY TELECOMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Scott Sherman</b></p>				<p><small>Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecommunications, inc., Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Scott Sherman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>304-897-9911</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200259</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ARMSTRONG TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Barbara Direnzo</b></p>				<p><small>Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Barbara Direnzo</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Director - Finance and Accounting</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>724-283-0925</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>200267</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST SIDE TEL-WV</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Ludenia</span></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-pa,l= , Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">V.P. Operations, General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">304-983-8642</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">200277</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">NORTHEAST FLORIDA</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tammy Souza</span>				<small>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Maccleddy FL 32063-0485, Date:5/30/2023</small> Date: <span style="color: blue;">5/30/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tammy Souza</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Accounting Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">904-259-0036</span>					
Study Area Code of Reporting Carrier	210335		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ALMA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Brooks</b></p>				<p>Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel. co., inc.,l=Alma GA 31510, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kevin Brooks</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-632-8603</b></p>					
Study Area Code of Reporting Carrier	<b>220344</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALMA TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Laure Cohen</span></p>				<p><small>Digitally signed by Laure Cohen DN:cn=Laure Cohen,email=lcohen@atcnetworks.net,O=alma tel. co., inc.,l=Alma GA 31510, Date:7/20/2023</small></p> <p>Date: <span style="color: blue;">7/20/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Laure Cohen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">912-632-3117</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220344</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BRANTLEY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Donovan Strickland</b></p>				<p><small>Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel. co.,inc.,l=Nahunta GA 31553, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Donovan Strickland</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-462-5111</b></p>					
Study Area Code of Reporting Carrier	<b>220347</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

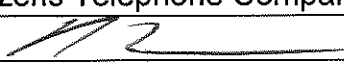
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>BULLOCH CNTY. RURAL TEL. COOP., INC.</b>					
Signature of Authorized Officer or employee: <b>John Scott</b>				<small>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch cnty. rural tel. coop., inc.,l= , Date:5/24/2023</small> Date: <b>5/24/2023</b>	
Printed name of Authorized Officer or employee: <b>John Scott</b>					
Title or position of Authorized Officer or employee: <b>General Manager/COO</b>					
Telephone number of Authorized Officer or employee: <b>912-865-1100</b>					
Study Area Code of Reporting Carrier	<b>220348</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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.					

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					Citizens Telephone Company, Inc. GA					
Signature of authorized officer						Date		5/31/2023		
Printed name of authorized officer				Chad Ledger						
Title or position of authorized officer				General Manager						
Telephone number of authorized officer:				(229) 874-4145						
Study Area Code of Reporting Carrier			220355		Filing Due Date for this form (mm/dd/yyyy)		June 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 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 <b>Darien Telephone Company</b>				
Signature of authorized officer <i>Mary Lou Forsyth</i>		Date	5-25-53	
Printed name of authorized officer <b>Mary Lou Forsyth</b>				
Title or position of authorized officer <b>President</b>				
Telephone number of authorized officer: <b>(912) 437-6611</b>				
Study Area Code of Reporting Carrier <b>220358</b>		Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James O'Brien</span></p>				<p><small>Digitally signed by James O'Brien DN:cn=James O'Brien,email=glenwoodtelephone@gmail.com,O=glenwood tel. co.,l=Glenwood GA 30428-0235, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James O'Brien</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">912-523-5111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220365</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HART TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Randy Daniel</span></p>				<p><small>Digitally signed by Randy Daniel DN:cn=Randy Daniel,email=randy.daniel@htconline.net,O=hart tel. co.,l=Hartwell GA 30643, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Randy Daniel</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">706-376-4701</span></p>					
Study Area Code of Reporting Carrier	220368		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PEMBROKE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mary Anna Hite</b></p>				<p><small>Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel. co., inc.,l=Pembroke GA 31321, Date:5/24/2023</small></p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mary Anna Hite</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-653-4389</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220376</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

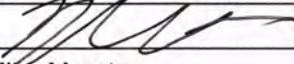
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PLANTERS RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Stephen Milner</b></p>				<small>Digitally signed by Stephen Milner DN:cn=Stephen Milner,email=sdmilner@planters.net,O=planters rural tel. coop., inc.,l=Newington GA 30446, Date:5/18/2023</small> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Stephen Milner</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>912-857-4411</b></p>					
Study Area Code of Reporting Carrier	<b>220378</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

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 <b>Plant Telephone Company</b>			
Signature of authorized officer 		Date	<b>05/31/2023</b>
Printed name of authorized officer <b>Mike Moretz</b>			
Title or position of authorized officer <b>Controller</b>			
Telephone number of authorized officer: <b>(229) 528-1103</b> , ext.			
Study Area Code of Reporting Carrier	<b>220379</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PROGRESSIVE RURAL TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ron Chambers</span></p>				<p><small>Digitally signed by Ron Chambers DN:cn=Ron Chambers,email=ron.chambers@prtc.co,O=progressive rural tel. coop., inc.,l=Rentz GA 31075, Date:5/31/2023</small></p>	
<p>Date: <span style="color: blue;">5/31/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ron Chambers</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">478-984-4201</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220380</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PUBLIC SERVICE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Bond</b></p>				<p><small>Digitally signed by James Bond DN:cn=James Bond,email=jim.bond@pstel.com,O=public service tel. co.,l=Reynolds GA 31076, Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>James Bond</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>478-847-6520</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220381</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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				Trenton Telephone Company, Inc.	
Signature of authorized officer		<i>Steven W. Tatum</i>		Date	5/24/2023
Printed name of authorized officer		Steven W. Tatum			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(706) 657-4367			
Study Area Code of Reporting Carrier		220389	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WAVERLY HALL TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Deborah Rand</b></p>				<p><small>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c., Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Deborah Rand</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>603-472-9786</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>220392</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BARNARDSVILLE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Eric Cramer</span></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Eric Cramer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO and General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">336-973-6112</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230469</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

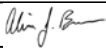
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ELLERBE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Eric Cramer</span></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2023</small></p>	
<p>Date: <span style="color: blue;">5/30/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Eric Cramer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO and General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">336-973-6112</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230478</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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 North State Telephone, LLC

Signature of authorized officer  Date 05/26/2023

Printed name of authorized officer Alison J. Brown

Title or position of authorized officer Chief Legal Officer

Telephone number of authorized officer: (917) 549-7538

Study Area Code of Reporting Carrier	230491	Filing Due Date for this form (mm/dd/yyyy)	June 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.

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				Town of Pineville dba Pineville Tel CO	
Signature of authorized officer			Date		5-31-23
Printed name of authorized officer			TAMM J. Vachon		
Title or position of authorized officer			Dir. of Telecommunications		
Telephone number of authorized officer:			706 889 201 ext.		
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2023	
230494					
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANDOLPH TEL. MEMB. CORP. DBA RANDOLPH COMM.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kimberly Garner</span></p>				<p><small>Digitally signed by Kimberly Garner DN:cn=Kimberly Garner,email=kgarner@rtmc.coop,O=randolph tel. memb. corp. dba randolph comm.,l= , Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kimberly Garner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">336-879-7911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230496</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SURRY MEMBERSHIP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Richard Parker</b></p>				<p><small>Digitally signed by Richard Parker DN:cn=Richard Parker,email=parkerr@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/23/2023</small></p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Richard Parker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-374-5021</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230497</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SALUDA MOUNTAIN TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230498</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SERVICE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Cramer</b></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va, Date:5/30/2023</small></p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Cramer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-973-6112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>230500</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SURRY MEMBERSHIP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Richard Parker</b></p>				<p>Digitally signed by Richard Parker DN:cn=Richard Parker,email=parkerr@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Richard Parker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>336-374-5021</b></p>					
Study Area Code of Reporting Carrier	<b>230503</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RIVERSTREET-TCTMC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Eric Cramer</span></p>				<p><small>Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2023</small></p>	
<p>Date: <span style="color: blue;">5/30/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Eric Cramer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO and General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">336-973-6112</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">230505</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PALMETTO RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dewaine Wilson</b></p>				<p><small>Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.us,O=palmetto rural tel. coop., inc.,l= , Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dewaine Wilson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>843 538-9382</b></p>					
Study Area Code of Reporting Carrier	<b>240536</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SANDHILL TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Lee Chambers</span></p>				<p><small>Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@mysandhill.net,O=sandhill tel. coop., inc.,l=Jefferson SC 29718, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Lee Chambers</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">843-658-6379</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">240546</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CASTLEBERRY TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Homer Holland</span></p>				<p><small>Digitally signed by Homer Holland DN:cn=Homer Holland,email=cbtel_36432@yahoo.com,O=castleberry tel. co., inc.,I=Castleberry AL 36432, Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Homer Holland</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">251-966-2110</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250285</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS TELECOMMUNICATIONS COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Higdon</b></p>				<p><small>Digitally signed by Paul Higdon DN:cn=Paul Higdon,email=phigdon@staff.farmerstel.com,O=farmers telecommunications cooperative, inc.,l=Rainsville AL 35986-0217, Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Paul Higdon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>256-638-2144</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>250290</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAYNEVILLE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Evelyn Causey</span></p>				<p><small>Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecasey@hftfiber.com,O=hayneville tel. co., inc.,l=Hayneville AL 36040, Date:5/25/2023</small></p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Evelyn Causey</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/COO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">334-548-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250299</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MON-CRE TEL. COOP. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Teresa Rich</span></p>				<p><small>Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel. coop. inc.,l=Ramer AL 36069, Date:5/30/2023</small></p>	
<p>Date: <span style="color: blue;">5/30/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Teresa Rich</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">334-562-3242</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250305</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MOUNDVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>R. Taylor</b></p>				<p>Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel. co.,l=Moundville AL 35474, Date:5/31/2023</p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>R. Taylor</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>205-371-9011</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>250307</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p>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.</p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOUNDVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">R. Taylor</span></p>				<p><small>Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel. co.,l=Moundville AL 35474, Date:7/24/2023</small></p> <p>Date: <span style="color: blue;">7/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">R. Taylor</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">205-371-9011</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250307</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

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	New Hope Telephone Cooperative Inc		
Signature of authorized officer		Date	5-25-23
Printed name of authorized officer	Daniel Martin		
Title or position of authorized officer	General Manager		
Telephone number of authorized officer:	256 723 4244		
Study Area Code of Reporting Carrier	250308	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE BELT TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Nettles</span></p>				<p><small>Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel. co.,l=Arlington AL 36722, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Nettles</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">334-385-2106</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250315</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RAGLAND TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Matthew Jackson</span></p>				<p><small>Digitally signed by Matthew Jackson DN:cn=Matthew Jackson,email=mattjackson@ragland.net,O=ragland tel. co.,l=Ragland AL 35131, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Matthew Jackson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">205-472-2141</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">250316</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BALLARD RURAL TEL. COOP. CORP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Karen Hensley</b></p>				<p><small>Digitally signed by Karen Hensley DN:cn=Karen Hensley,email=karen.tilford@btc.coop,O=ballard rural tel. coop. corp., inc.,l=La Center KY 42056, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Karen Hensley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>270-665-5186</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>260396</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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				Brandenburg Telephone Company, Inc.	
Signature of authorized officer			Date		5/19/23
Printed name of authorized officer			Allison Willoughby		
Title or position of authorized officer			General Manager/President		
Telephone number of authorized officer:			(270) 422-2121		
Study Area Code of Reporting Carrier		260398	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUO COUNTY TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Daryl Hammond</span></p>				<p><small>Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duobroadband.com,O=duo county tel. coop., inc.,l=Jamestown KY 42629, Date:5/24/2023</small></p>	
<p>Date: <span style="color: blue;">5/24/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Daryl Hammond</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">700-343-1111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260401</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LOGAN TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gregory Hale</span></p>				<p><small>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@ltconnect.com,O=logan tel. coop.,inc.,l=Auburn KY 42206, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gregory Hale</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Executive V.P.</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">270-542-4121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">260413</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MOUNTAIN RURAL TEL. COOP. CORP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shayne Ison</b></p>				<p>Digitally signed by Shayne Ison DN:cn=Shayne Ison,email=sison@mountaintelephone.com,O=mountain rural tel. coop. corp., inc.,l=West Liberty KY 41472, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shayne Ison</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>606-743-3121</b></p>					
Study Area Code of Reporting Carrier	<b>260414</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>				
<p>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).</p>				
Name of Reporting Carrier <b>Peoples Rural Telephone Cooperative</b>				
Signature of authorized officer <i>Keith Gabbard</i>			Date <b>5/26/2023</b>	
Printed name of authorized officer <b>Keith Gabbard</b>				
Title or position of authorized officer <b>CEO</b>				
Telephone number of authorized officer: <b>(606) 287-7101</b> ext.				
Study Area Code of Reporting Carrier <b>260415</b>		Filing Due Date for this form (mm/dd/yyyy) <b>June 16, 2023</b>		
<p>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.</p>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THACKER/GRIGSBY TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>William Grigsby</b></p>				<p><small>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel. co., inc.,l=Hindman KY 41822, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>William Grigsby</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>606-785-9500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>260419</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">WEST KENTUCKY RURAL</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Robert Hutter</span>				<small>Digitally signed by Robert Hutter DN:cn=Robert Hutter,email=rhutter@mywkt.coop,O=west ky. rural tel. coop. corp., inc., Date:5/18/2023</small> Date: <span style="color: blue;">5/18/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Hutter</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">270-558-0420</span>					
Study Area Code of Reporting Carrier	260421		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAMPTI-PLEASANT HILL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Tom Edens</span></p>				<p><small>Digitally signed by Tom Edens DN:cn=Tom Edens,email=tedens@epictouch.com,O=campti-pleasant hill tel. co.,l=Natchitoches LA 71458, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tom Edens</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">318-352-0014</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270426</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DELCAMBRE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold; font-size: 1.2em;">Marcy Landry</span></p>				<p><small>Digitally signed by Marcy Landry DN:cn=Marcy Landry,email=mlandry@delcambre.net,O=delcambre tel. co.,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Marcy Landry</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">337-685-2311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270428</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KAPLAN TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Richard Constantin</span></p>				<p><small>Digitally signed by Richard Constantin DN:cn=Richard Constantin,email=rconstantin@kaptel.net,O=kaplan tel. co.,l=Kaplan LA 70548-0369, Date:5/25/2023</small></p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Constantin</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Regulatory Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">337-643-4242</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270432</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHEAST LOUISIANA TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike George</span></p>				<p><small>Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana tel. co., inc.,l=Collinston LA 71229, Date:5/17/2023</small></p>	
<p>Date: <span style="color: blue;">5/17/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mike George</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President / General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">318-874-7011</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270435</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p style="text-align: center;">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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RESERVE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Annette Faircloth</span></p>				<p><small>Digitally signed by Annette Faircloth DN:cn=Annette Faircloth,email=afaircloth@reservetele.com,O=reserve tel. co.,l= , Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Annette Faircloth</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">V.P of Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">985-536-1271</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270438</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">STAR TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Timothy May</span></p>				<p><small>Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Timothy May</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-548-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">270441</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DECATUR TEL. CO., INC.-MS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Esther Smith, PhD</b></p>				<p><small>Digitally signed by Esther Smith, PhD DN:cn=Esther Smith, PhD,email=esther@decaturtelephone.com,O=decatur tel. co., inc.-ms,l=Decatur MS 39327, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Esther Smith, PhD</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>601-635-2251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>280451</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DECATUR TEL. CO., INC.-MS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Esther Smith, PhD</span></p>				<p><small>Digitally signed by Esther Smith, PhD DN:cn=Esther Smith, PhD,email=esther@decaturtelephone.com,O=decatur tel. co., inc.-ms,l=Decatur MS 39327, Date:7/24/2023</small></p> <p>Date: <span style="color: blue;">7/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Esther Smith, PhD</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">601-635-2251</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">280451</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">FRANKLIN TEL CO - MS</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tammy Torrey</span>				<small>Digitally signed by Tammy Torrey DN:cn=Tammy Torrey,email=ttorrey@telapexinc.com,O=franklin tel. co., inc.-ms,l=Meadville MS 39653-0219, Date:5/18/2023</small> Date: <span style="color: blue;">5/18/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tammy Torrey</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Operations</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">601-384-3350</span>					
Study Area Code of Reporting Carrier	280454		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FRANKLIN TEL CO - MS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tammy Torrey</b></p>				<p><small>Digitally signed by Tammy Torrey DN:cn=Tammy Torrey,email=ttorrey@telapexinc.com,O=franklin tel. co., inc.-ms,l=Meadville MS 39653-0219, Date:7/20/2023</small></p> <p>Date: <b>7/20/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tammy Torrey</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Operations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>601-384-3350</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>280454</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GEORGETOWN TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Joie Miller</b></p>				<p><small>Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlcoadmin.com,O=georgetown tele. co., inc.,l=Georgetown MS 39078, Date:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Joie Miller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>601-858-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>280456</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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				NOXAPATER TELEPHONE COMPANY	
Signature of authorized officer			Date		5/18/2023
Printed name of authorized officer			CHARLOTTE PEARCE		
Title or position of authorized officer			VICE-PRESIDENT		
Telephone number of authorized officer:			601-726-1000		
Study Area Code of Reporting Carrier		280461	Filing Due Date for this form (mm/dd/yyyy)		June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SLEDGE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Robert Sledge Jr.</span></p>				<p><small>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel. co.,inc.,l=Sunflower MS 38778, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Sledge Jr.</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">662-569-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">280466</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SLEDGE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Robert Sledge Jr.</span></p>				<p><small>Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel. co.,inc.,l=Sunflower MS 38778, Date:7/24/2023</small></p>	
<p>Date: <span style="color: blue;">7/24/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Sledge Jr.</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">662-569-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">280466</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARDMORE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Robert Hutter</span></p>				<p><small>Digitally signed by Robert Hutter DN:cn=Robert Hutter,email=rhutter@mywkt.coop,O=west ky. rural tel. coop. corp., inc., Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Hutter</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">270-558-0420</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290280</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BEN LOMAND RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jared Sain</b></p>				<p><small>Digitally signed by Jared Sain DN:cn=Jared Sain,email=jaredsain@benlomand.org,O=ben lomand rural tel. coop., inc., Date:5/25/2023</small></p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jared Sain</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>931-668-4131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>290553</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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				Bledsoe Telephone Cooperative, Inc.	
Signature of authorized officer			Date		5-22-23
Printed name of authorized officer			John Lee Downey		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(423) 447-2121		
Study Area Code of Reporting Carrier		290554	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DEKALB TEL. COOP, INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Joe Mitchell</span></p>				<p><small>Digitally signed by Joe Mitchell DN:cn=Joe Mitchell,email=jmitchell@staff-dtc.com,O=dekalb tel. coop, inc.,l=Alexandria TN 37012, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joe Mitchell</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">615-464-2254</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290562</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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 Highland Telephone Cooperative, Inc.				
Signature of authorized officer 			Date	May 12, 2023
Printed name of authorized officer G Mark Patterson				
Title or position of authorized officer Chief Executive Officer				
Telephone number of authorized officer: (423) 628-2121 ext.				
Study Area Code of Reporting Carrier		290565	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LORETTO TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jason Shelton</b></p>				<p><small>Digitally signed by Jason Shelton DN:cn=Jason Shelton,email=jason.shelton@lorettotel.com,O=loretto tel. co., inc.,l=Loretto TN 38469, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jason Shelton</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>931-853-3333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>290570</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTH CENTRAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Johnny McClanahan</b></p>				<p><small>Digitally signed by Johnny McClanahan DN:cn=Johnny McClanahan,email=johnny.mcclanahan@nctc.com,O=north central tel. coop., inc.,l=Lafayette TN 37083, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Johnny McClanahan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President and CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>615-666-2151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>290573</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST KY COOP-TN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Robert Hutter</span></p>				<p><small>Digitally signed by Robert Hutter DN:cn=Robert Hutter,email=rhutter@mywkt.coop,O=west ky. rural tel. coop. corp., inc., Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Hutter</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">270-558-0420</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290598</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">THE ARTHUR MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Eric Roughton</span></p>				<p><small>Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual tel. co.,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Eric Roughton</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Sec'y/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-393-2233</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300586</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">AYERSVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Phil Maag</span></p>				<p><small>Digitally signed by Phil Maag DN:cn=Phil Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel. co.,l= , Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Phil Maag</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Sec./Treas. &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-395-2222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300588</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BASCOM MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Laura Wise</b></p>				<p><small>Digitally signed by Laura Wise DN:cn=Laura Wise,email=law@bascomtelephone.com,O=bascom mutual tel. co.,l=Bascom OH 44809-0316, Date: 5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Laura Wise</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Board Assistant Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-937-2222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300589</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

**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 <b>Benton Ridge Telephone Company</b>				
Signature of authorized officer <i>Randy Marksberry</i>			Date	<b>05/22/2023</b>
Printed name of authorized officer <b>Randy Marksberry</b>				
Title or position of authorized officer <b>CFO</b>				
Telephone number of authorized officer: <b>(567) 825-0413</b>				
Study Area Code of Reporting Carrier	<b>300590</b>		Filing Due Date for this form (mm/dd/yyyy)	June 16, 2023
<p><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.</b></p>				

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					Buckland Telephone company					
Signature of authorized officer				<i>Douglas G. Place</i>			Date		05/23/2023	
Printed name of authorized officer				Douglas G. Place						
Title or position of authorized officer				General Manager						
Telephone number of authorized officer:				(419) 657-2222						
Study Area Code of Reporting Carrier			300591		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2023			
<p>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.</p>										

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <b>THE CHAMPAIGN TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tiffany Ebersold</b></p>				<p><small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tiffany Ebersold</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>937-653-2263</b></p>					
Study Area Code of Reporting Carrier	<b>300594</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <span style="color: blue;">MCCLURE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Lance Miller</span></p>				<p><small>Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel. co.,l=McClure OH 43534-0026, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Lance Miller</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-748-8032</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300598</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>Name of Reporting Carrier: <span style="color: blue;">HANSON COMM OH-COL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, l= , Date: 5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300604</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <span style="color: blue;">CONNEAUT TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Deanna Brown</span></p>				<p><small>Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@greatwavecom.com,O=conneaut tel. co.,l=Conneaut OH 44030, Date:5/31/2023</small></p>	
<p>Date: <span style="color: blue;">5/31/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Deanna Brown</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">440-593-7138</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300606</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DOYLESTOWN TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Brian Brockman</span></p>				<p><small>Digitally signed by Brian Brockman DN:cn=Brian Brockman,email=bbrockman@doylestowntelephone.com,O=doylestown tel. co.,l= , Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brian Brockman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">330-658-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300609</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE FARMERS MUTUAL TEL. CO.-OKOLONA, OH</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cheryl Bostelman</b></p>				<p><small>Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbostelman@fmtc.cc,O=the farmers mutual tel. co.-okolona, oh,j= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Cheryl Bostelman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-758-3303</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300612</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FORT JENNINGS TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Metzger</b></p>				<p><small>Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort jennings tel. co.,l=Ft. Jennings OH 45844-0146, Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michael Metzger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-286-2181</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300614</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">HANSON COMM OH-GER</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span>				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, l= , Date: 5/22/2023</small>  Date: <span style="color: blue;">5/22/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span>					
Study Area Code of Reporting Carrier	300618		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLANDORF TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Hunt</span></p>				<p><small>Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@d@bright.net,O=glandorf tel. co., inc.,l=Glandorf OH 45848, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Hunt</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-538-6987</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300619</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KALIDA TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Hunt</span></p>				<p><small>Digitally signed by David Hunt DN:cn=David Hunt,email=hunt@bright.net,O=glandorf tel. co., inc.,l=Glandorf OH 45848, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Hunt</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-538-6987</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300625</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">MIDDLE POINT HOME</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span>				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, l= , Date: 5/22/2023</small>  Date: <span style="color: blue;">5/22/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span>					
Study Area Code of Reporting Carrier	300633		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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.					

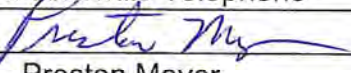
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDDLE POINT HOME</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:7/24/2023</small></p> <p>Date: <span style="color: blue;">7/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300633</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MINFORD TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paula McGraw</b></p>				<p>Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel. co., inc.,l=Minford OH 45653, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paula McGraw</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>740-820-2151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300634</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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 New Knoxville Telephone				
Signature of authorized officer 			Date	05/23/2023
Printed name of authorized officer Preston Meyer				
Title or position of authorized officer GM				
Telephone number of authorized officer: (419) 753-5014				
Study Area Code of Reporting Carrier	300639		Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">THE NEW KNOXVILLE</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Preston Meyer</span></p>				<p><small>Digitally signed by Preston Meyer DN:cn=Preston Meyer,email=pmeyer@nktelco.com,O=the new knoxville tel. co.,l=New Knoxville OH 45871-0219, Date:7/25/2023</small></p> <p>Date: <span style="color: blue;">7/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Preston Meyer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Sales Manager/Chief Operating Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-753-2457</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300639</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE NOVA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Charles Mattingly</b></p>				<p><small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=Charlie@kclenterprises.net,O=the nova tel. co.,l=Judson TX 75660, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Charles Mattingly</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>903-663-0099</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300644</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HANSON COMM OH-ORW</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, l= , Date: 5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300649</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE OTTOVILLE MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>William Honigford</b></p>				<p>Digitally signed by William Honigford DN:cn=William Honigford,email=billh@ottovillemutual.com,O=the ottoville mutual tel. co.,l=Ottoville OH 45876-0427, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>William Honigford</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-453-3324</b></p>					
Study Area Code of Reporting Carrier	<b>300650</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PATTERSONVILLE TEL. CO.-OH</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aaron Jones</span></p>				<p><small>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel. co.-oh,l=Carrollton OH 44615, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Aaron Jones</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">330-895-4391</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300651</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

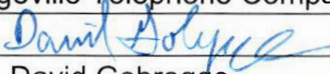
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RIDGEVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dave Gobrogge</span></p>				<p><small>Digitally signed by Dave Gobrogge DN:cn=Dave Gobrogge,email=dgobrogge@bright.net,O=ridgeville tel. co.,l=Ridgeville Corners OH 43555, Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dave Gobrogge</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Certification Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-267-5185</span></p>					
Study Area Code of Reporting Carrier	300654		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">RIDGEVILLE TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dave Gobrogge</span>				<small>Digitally signed by Dave Gobrogge DN:cn=Dave Gobrogge,email=dgobrogge@bright.net,O=ridgeville tel. co.,l=Ridgeville Corners OH 43555, Date:7/21/2023</small> Date: <span style="color: blue;">7/21/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dave Gobrogge</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Certification Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">419-267-5185</span>					
Study Area Code of Reporting Carrier	300654		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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 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 Ridgeville Telephone Company			
Signature of authorized officer 		Date	1/9/2024
Printed name of authorized officer David Gobrogge			
Title or position of authorized officer General Manager/Certification Officer of the Board			
Telephone number of authorized officer: (419) 267-5185			
Study Area Code of Reporting Carrier 300654		Filing Due Date for this form (mm/dd/yyyy)	January 2024
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SHERWOOD MUTUAL TEL. ASSOC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Richard Rostorfer</b></p>				<p><small>Digitally signed by Richard Rostorfer DN:cn=Richard Rostorfer,email=rickrostorfer@smta.cc,O=sherwood mutual tel. assoc.,l=Sherwood OH 43556, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Richard Rostorfer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-899-2121</b></p>					
Study Area Code of Reporting Carrier	<b>300656</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SYCAMORE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Richard Ekleberry II</span></p>				<p><small>Digitally signed by Richard Ekleberry II DN:cn=Richard Ekleberry II,email=rick.ekleberry@sycltelco.com,O=sycamore tel. co.,l= , Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Ekleberry II</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-927-6012</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300658</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">TELEPHONE SERVICE</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span>				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc, Date:5/22/2023</small>  Date: <span style="color: blue;">5/22/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span>					
Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">TELEPHONE SERVICE</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span>				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:7/24/2023</small> Date: <span style="color: blue;">7/24/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span>					
Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VAUGHNSVILLE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Amanda Maag</span></p>				<p><small>Digitally signed by Amanda Maag DN:cn=Amanda Maag,email=vvtelco@bright.net,O=vaughnsville tel. co.,inc.,l=Vaughnsville OH 45893-0127, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Amanda Maag</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager/Secretary /Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-646-3431</span></p>					
Study Area Code of Reporting Carrier	300663		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WABASH MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Boley</span></p>				<p><small>Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel. co.,l= , Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Boley</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-942-1111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300664</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLBAND COMMUNICATIONS COOPERATIVE</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Coral Olsen</span></p>				<p><small>Digitally signed by Coral Olsen DN:cn=Coral Olsen,email=colsen@allbandcomm.com,O=allband communications cooperative, Date:5/30/2023</small></p>	
<p>Date: <span style="color: blue;">5/30/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Coral Olsen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">989-369-9999</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310542</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BARAGA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Stark</b></p>				<p>Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga telephone company,l=Baraga MI 49908, Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Stark</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>906-353-6644</b></p>					
Study Area Code of Reporting Carrier	<b>310675</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

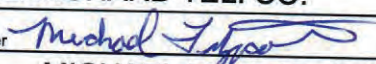
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BARRY COUNTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Cindy Hewitt</span></p>				<p><small>Digitally signed by Cindy Hewitt DN:cn=Cindy Hewitt,email=chewitt@mei.net,O=barry county tel. co.,l= , Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Cindy Hewitt</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">269-623-9999</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310676</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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				BLANCHARD TEL. CO.	
Signature of authorized officer				Date	05-23-2023
Printed name of authorized officer		MICHAEL FITZPATRICK			
Title or position of authorized officer		GENERAL MANAGER			
Telephone number of authorized officer:		(989) 561-9930			
Study Area Code of Reporting Carrier	310678	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">BLOOMINGDALE TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steve Shults</span>				<small>Digitally signed by Steve Shults DN:cn=Steve Shults,email=swshults@bloomingdalecom.net,O=bloomingdale tel. co.,l=Bloomingdale MI 49026, Date:5/17/2023</small>	
Date: <span style="color: blue;">5/17/2023</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Steve Shults</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">269-521-7313</span>					
Study Area Code of Reporting Carrier	310679		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p>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.</p>					

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				CARR TELEPHONE COMPANY	
Signature of authorized officer		<i>Teresa Bogner</i>		Date	5-22-2023
Printed name of authorized officer		TERESA BOGNER			
Title or position of authorized officer		SECRETARY			
Telephone number of authorized officer:		(231) - 8982244			
Study Area Code of Reporting Carrier	310683	Filing Due Date for this form (mm/dd/yyyy)	June 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 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 Climax Telephone			
Signature of authorized officer 		Date 5/30/2023	
Printed name of authorized officer Ed Corr			
Title or position of authorized officer Vice President Tax			
Telephone number of authorized officer: (913) 794-3121			
Study Area Code of Reporting Carrier	310688	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DEERFIELD FARMERS TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Parisien</b></p>				<p>Digitally signed by Robert Parisien DN:cn=Robert Parisien,email=robert.parisien@d-pcomm.com,O=deerfield farmers tel. co.,l= , Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Parisien</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>734-279-5514</b></p>					
Study Area Code of Reporting Carrier	<b>310691</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS DBA CHAPIN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Greg Ringle</b></p>				<p><small>Digitally signed by Greg Ringle DN:cn=Greg Ringle,email=chapintel@4cld.net,O=farmers mut. of chapin dba chapin tel. co.,l= , Date:5/19/2023</small></p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Greg Ringle</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>989-661-2476</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310694</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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				KALEVA TELEPHONE COMPANY	
Signature of authorized officer			Date		05/20/2022
Printed name of authorized officer			JON CRIBBS		
Title or position of authorized officer			PRESIDENT		
Telephone number of authorized officer:			(231) 362-3111		
Study Area Code of Reporting Carrier		31073	Filing Due Date for this form (mm/dd/yyyy)	June 16, 2022	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ACE TEL OF MICHIGAN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Michael Osborne</span></p>				<p><small>Digitally signed by Michael Osborne DN:cn=Michael Osborne,email=mosborne@acentek.net,O=ace tel. co. of mi, inc.,l=Houston MN 55943, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Michael Osborne</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">616-892-0123</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310704</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>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).</p>			
Name of Reporting Carrier <b>Ace Telephone Company of Michigan, Inc</b>			
Signature of authorized officer 		Date <b>12-6-23</b>	
Printed name of authorized officer <b>Michael Osborne</b>			
Title or position of authorized officer <b>CEO</b>			
Telephone number of authorized officer: <b>(507) 896-5123</b>			
Study Area Code of Reporting Carrier	<b>310704</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>December 2023</b>
<p>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.</p>			

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 <b>Lennon Telephone Company</b>				
Signature of authorized officer <i>Randy Fletcher</i>			Date	<b>5/23/2023</b>
Printed name of authorized officer <b>Randy Fletcher</b>				
Title or position of authorized officer <b>CFO/GM</b>				
Telephone number of authorized officer: <b>(810) 621-3301</b>				
Study Area Code of Reporting Carrier		<b>310708</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 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.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDWAY TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Camie Nebel-Conklin</span></p>				<p><small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Camie Nebel-Conklin</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">906-387-9911</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310711</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

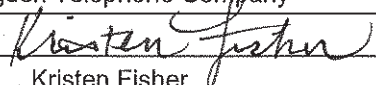
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier:      <b>HIAWATHA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Camie Nebel-Conklin</b></p>				<p><small>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/24/2023</small></p>	
<p>Date:      <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Camie Nebel-Conklin</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>Vice President/Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>906-387-9911</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310713</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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				Ogden Telephone Company	
Signature of authorized officer				Date	
				5/30/2023	
Printed name of authorized officer					
Kristen Fisher					
Title or position of authorized officer					
Secretary / Treasurer					
Telephone number of authorized officer: (517) 443-5595					
Study Area Code of Reporting Carrier		310714		Filing Due Date for this form (mm/dd/yyyy)	
				June 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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ONTONAGON COUNTY TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Camie Nebel-Conklin</b></p>				<p>Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Camie Nebel-Conklin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>906-387-9911</b></p>					
Study Area Code of Reporting Carrier	<b>310717</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PIGEON TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Neal Eichler</b></p>				<p><small>Digitally signed by Neal Eichler DN:cn=Neal Eichler,email=naeic@avci.net,O=pigeon tel. co.,l=Pigeon MI 48755, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Neal Eichler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>989-453-4391</b></p>					
Study Area Code of Reporting Carrier	<b>310721</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SAND CREEK TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Harvey Souders</b></p>				<p><small>Digitally signed by Harvey Souders DN:cn=Harvey Souders,email=souders@sandcreektelco.com,O=sand creek tel. co.,l=Sand Creek MI 49279-0066, Date:5/24/2023</small></p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Harvey Souders</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>517-436-3130</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310725</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRINGPORT TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Cutler</span></p>				<p><small>Digitally signed by Mark Cutler DN:cn=Mark Cutler,email=markc@springcom.com,O=springport tel. co.,l=Springport MI 49284-0208, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Cutler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">517-857-3100</span></p>					
Study Area Code of Reporting Carrier	310728		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UPPER PENINSULA TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Becky Schetter</span></p>				<p><small>Digitally signed by Becky Schetter DN:cn=Becky Schetter,email=becky.schetter@michbbs.com,O=michigan central broadband company, llc,l=Carney MI 49812-0086, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Becky Schetter</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">906-639-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310732</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WALDRON TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lucinda Bernath</b></p>				<p><small>Digitally signed by Lucinda Bernath DN:cn=Lucinda Bernath,email=cindy@waldrontel.com,O=waldron tel. co.,l=Waldron MI 49288-0197, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Lucinda Bernath</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>517-286-6211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>310734</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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 **Westphalia Telephone Co**

Signature of authorized officer  Date **5-24-23**

Printed name of authorized officer **Greg Ringle**

Title or position of authorized officer **Certifying Officer**

Telephone number of authorized officer: **(989) 587-5005**, ext.

Study Area Code of Reporting Carrier **310735** Filing Due Date for this form (mm/dd/yyyy) **June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WINN TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Graf</span></p>				<p><small>Digitally signed by Mark Graf DN:cn=Mark Graf,email=mgraf@winntel.com,O=winn tel. co.,l=Winn MI 48896, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Graf</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">989-953-9876</span></p>					
Study Area Code of Reporting Carrier	310737		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MCBC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Becky Schetter</span></p>				<p><small>Digitally signed by Becky Schetter DN:cn=Becky Schetter,email=becky.schetter@michbbs.com,O=michigan central broadband company, llc,l=Carney MI 49812-0086, Date:5/25/2023</small></p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Becky Schetter</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">906-639-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">310785</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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					Bloomingdale Home Telephone Company, Inc.		
Signature of authorized officer				<i>Ronja Branson</i>		Date	May 17, 2023
Printed name of authorized officer				Ronja Branson			
Title or position of authorized officer				Director-Manager			
Telephone number of authorized officer:				(765) 498-1000, ext.			
Study Area Code of Reporting Carrier		320742		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2023	
<p><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.</b></p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITIZENS TEL. CORP.-WARREN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Cammy Ackley</span></p>				<small>Digitally signed by Cammy Ackley DN:cn=Cammy Ackley,email=cammy@citznet.com,O=citizens tel. corp.-warren,I=Warren IN 46792, Date:5/22/2023</small>  <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Cammy Ackley</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">260-375-2111</span></p>					
Study Area Code of Reporting Carrier	320751		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLAY CTY. RURAL TEL COOP INC D/B/A ENDEAVOR</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Darin LaCoursiere</span></p>				<p><small>Digitally signed by Darin LaCoursiere DN: cn=Darin LaCoursiere, email=darini@weEndeavor.com, O=clay cty. rural tel coop inc d/b/a endeavor, l=Cloverdale IN 46120-0237, Date: 5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Darin LaCoursiere</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President and CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">765-795-4261</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320753</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CRAIGVILLE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lee Von Gunten</b></p>				<p><small>Digitally signed by Lee Von Gunten DN:cn=Lee Von Gunten,email=lee@adamswells.com,O=craigville tel. co.,inc.,l=Craigville IN 46731, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Lee Von Gunten</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>260-565-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320756</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DAVIESS-MARTIN CTY. RURAL TEL. DBA RTC COMM.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kirk Lehman</span></p>				<p><small>Digitally signed by Kirk Lehman DN:cn=Kirk Lehman,email=klehman@rtccom.com,O=daviess-martin cty. rural tel. dba rtc comm.,l= , Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kirk Lehman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/Executive VP</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">812-486-3211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320759</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GEETINGSVILLE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steve Scott</span></p>				<p><small>Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel. co., inc.,l= , Date:5/19/2023</small></p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steve Scott</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">765-258-3111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320771</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LIGONIER TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Troup</span></p>				<p><small>Digitally signed by Mike Troup DN:cn=Mike Troup,email=mtroup@ligtel.net,O=ligonier tel. co.,l= , Date:5/24/2023</small></p>	
<p>Date: <span style="color: blue;">5/24/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Troup</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">260-894-7161</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320783</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MONON TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanway</span></p>				<p><small>Digitally signed by Bruce Hanway DN:cn=Bruce Hanway,email=bruceh@urhere.net,O=monon tel. co., inc.,l=Monon IN 47959, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanway</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">219-253-6601</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320790</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MULBERRY COOP. TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Greg Maish</span></p>				<p><small>Digitally signed by Greg Maish DN:cn=Greg Maish,email=gregmaish@mintel.net,O=mulberry coop. tel. co., inc.,l=Mulberry IN 46058-0370, Date:5/19/2023</small></p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Greg Maish</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">765-296-2885</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320792</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW LISBON TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Greene</span></p>				<p><small>Digitally signed by John Greene DN:cn=John Greene,email=john.greene@nlbc.com,O=new lisbon tel. co., inc.,l=New Lisbon IN 47366, Date:5/17/2023</small></p>	
<p>Date: <span style="color: blue;">5/17/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Greene</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">765-332-2413</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320796</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NEW PARIS TEL., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Penrose</b></p>				<p><small>Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel., inc.,I=New Paris IN 46553-0047, Date:5/30/2023</small></p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Penrose</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>574-831-7115</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320797</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHWESTERN INDIANA TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Long</b></p>				<p><small>Digitally signed by Thomas Long DN:cn=Thomas Long,email=tlong@nitco.com,O=northwestern indiana tel. co., inc.,l=Hebron IN 46341, Date:5/31/2023</small></p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Thomas Long</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>219-996-2981</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320800</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PERRY-SPENCER RURAL TEL. COOP., INC. DBA PSC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Daren Brown</b></p>				<p><small>Digitally signed by Daren Brown DN:cn=Daren Brown,email=drbrown@pscfiber.net,O=perry-spencer rural tel. coop., inc. dba psc,l= , Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Daren Brown</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>812-357-2123</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320807</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PULASKI-WHITE RURAL TEL. COOP.dba LIGHTSTREAM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brent Gillum</b></p>				<p><small>Digitally signed by Brent Gillum DN:cn=Brent Gillum,email=bgillum@pwrtc.net,O=pulaski-white rural tel. coop.dba lightstream,l=Buffalo IN 47925, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Brent Gillum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>574-278-7121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320813</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCHESTER TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tyson Kalischuk</span></p>				<small>Digitally signed by Tyson Kalischuk DN:cn=Tyson Kalischuk,email=tyson.kalischuk@rtc1.com,O=rochester tel. co., inc.,l= , Date:5/18/2023</small>  <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tyson Kalischuk</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP of Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">574-223-0241</span></p>					
Study Area Code of Reporting Carrier	320815		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTHEASTERN INDIANA RURAL TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Anthony Clark</b></p>				<p><small>Digitally signed by Anthony Clark DN:cn=Anthony Clark,email=clarkt@seidata.com,O=southeastern indiana rural tel. coop., inc.,l= , Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Anthony Clark</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>812-667-5100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320819</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">SUNMAN TELECOMM LLC</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Rodney Thiemann</span>				<small>Digitally signed by Rodney Thiemann DN:cn=Rodney Thiemann,email=rthiemann@gpcom.com,O=sunman telecommunications llc,l=Blair NE 68008-0500, Date:5/23/2023</small>  Date: <span style="color: blue;">5/23/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Rodney Thiemann</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Sr. Director-Regulatory Finance</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">402-426-6433</span>					
Study Area Code of Reporting Carrier	320825		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SWAYZEE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Timothy Miles</span></p>				<p><small>Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@fiberhawk.com,O=swayzee tel. co., inc.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Timothy Miles</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">765-922-7916</span></p>					
Study Area Code of Reporting Carrier	320826		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SWEETSER RURAL TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Winger</span></p>				<p><small>Digitally signed by Scott Winger DN:cn=Scott Winger,email=sawinger@comteck.com,O=sweetser rural tel. co., inc.,l=Sweetser IN 46987, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Winger</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">765-384-4311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">320827</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WASH. CTY. RURAL TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Roland King</span></p>				<small>Digitally signed by Roland King DN:cn=Roland King,email=roland.king@telemedia.coop,O=wash. cty. rural tel. coop., inc., Date:5/25/2023</small>  <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Roland King</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">812-967-2050</span></p>					
Study Area Code of Reporting Carrier	320834		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>YEOMAN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tonya O'Farrell</b></p>				<p><small>Digitally signed by Tonya O'Farrell DN:cn=Tonya O'Farrell,email=ofarrell@ytci.com,O=yeoman tel. co., inc.,l=Yeoman IN 47997, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tonya O'Farrell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Financial Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>574-965-2100</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>320839</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">AMERY TELCOM, INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Jensen</span></p>				<p><small>Digitally signed by Scott Jensen DN:cn=Scott Jensen,email=sjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/19/2023</small></p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Jensen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-268-7101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330842</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>AMHERST TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Richard Letto</b></p>				<p>Digitally signed by Richard Letto DN:cn=Richard Letto,email=rletto@wi-net.com,O=amherst tel. co.,l=Amherst WI 54406-0279, Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Richard Letto</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Exec. VP &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-824-0583</b></p>					
Study Area Code of Reporting Carrier	<b>330843</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

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 <b>Baldwin Telecom, Inc.</b>			
Signature of authorized officer 		Date	<b>May 25, 2023</b>
Printed name of authorized officer <b>Kent Wynveen</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(715) 684-3346</b> , ext. <b>641</b>			
Study Area Code of Reporting Carrier <b>330846</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>June 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.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BALDWIN TELCOM., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Matt Sparks</span></p>				<p><small>Digitally signed by Matt Sparks DN:cn=Matt Sparks,email=matt.sparks@baldwin-telecom.net,O=baldwin telecom., inc.,l=Baldwin WI 54002, Date:7/24/2023</small></p> <p>Date: <span style="color: blue;">7/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Matt Sparks</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-684-1055</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330846</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BELMONT TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kent Dau</b></p>				<small>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel.,l=Eldridge IA 52748, Date:5/30/2023</small>  <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kent Dau</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-285-9611</b></p>					
Study Area Code of Reporting Carrier	<b>330847</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BERGEN TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brad Ellefson</b></p>				<p><small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel. co.,l=Sharon WI 53585, Date:5/30/2023</small></p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brad Ellefson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>262-736-9981</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330848</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BERGEN TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brad Ellefson</span></p>				<p><small>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=bergen tel. co.,l=Sharon WI 53585, Date:7/24/2023</small></p> <p>Date: <span style="color: blue;">7/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brad Ellefson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">262-736-9981</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330848</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BLOOMER TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kent Klima</b></p>				<p>Digitally signed by Kent Klima DN:cn=Kent Klima,email=kent.klima@bloomer.net,O=bloomer tel. co.,l=, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kent Klima</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-568-4830</b></p>					
Study Area Code of Reporting Carrier	<b>330850</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BLOOMER TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kent Klima</b></p>				<p><small>Digitally signed by Kent Klima DN:cn=Kent Klima,email=kent.klima@bloomer.net,O=bloomer tel. co.,l=, Date:7/25/2023</small></p> <p>Date: <b>7/25/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kent Klima</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-568-4830</b></p>					
Study Area Code of Reporting Carrier	<b>330850</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BRUCE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Manosky</b></p>				<p><small>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel. co., inc.,l= , Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>John Manosky</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-868-5111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330855</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BRUCE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Manosky</span></p>				<p><small>Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel. co., inc.,l= , Date:7/26/2023</small></p> <p>Date: <span style="color: blue;">7/26/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Manosky</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-868-5111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330855</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHEQUAMEGON COM COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Thompson</b></p>				<p>Digitally signed by Robert Thompson DN:cn=Robert Thompson,email=rthompson@norvado.com,O=chequamegon communications cooperative, inc.,l=Cable WI 54821, Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Thompson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-798-3303</b></p>					
Study Area Code of Reporting Carrier	<b>330860</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHIBARDUN TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Domenico Fornaro</span></p>				<p><small>Digitally signed by Domenico Fornaro DN:cn=Domenico Fornaro,email=dfornero@mosaictelcom.com,O=chibardun tel. coop., inc.,l=Cameron WI 54822, Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Domenico Fornaro</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-458-5400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330861</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITIZENS TEL. COOP., INC.-WI</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Dennis Bachman</span></p>				<p><small>Digitally signed by Dennis Bachman DN:cn=Dennis Bachman,email=dbachman@citizens-connected.com,O=citizens tel. coop., inc.-wi,l=New Auburn WI 54757-0127, Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Bachman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-237-2605</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330863</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CLEAR LAKE TELEPHONE COMPANY, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tim Kusilek</b></p>				<p><small>Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake telephone company, llc,l=Clear Lake WI 54005, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tim Kusilek</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-263-2755</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330865</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CLEAR LAKE TELEPHONE COMPANY, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tim Kusilek</b></p>				<p>Digitally signed by Tim Kusilek DN:cn=Tim Kusilek,email=Tim.kusilek@nextgen-broadband.net,O=clear lake telephone company, llc,l=Clear Lake WI 54005, Date:7/24/2023</p>	
<p>Date: <b>7/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tim Kusilek</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-263-2755</b></p>					
Study Area Code of Reporting Carrier	<b>330865</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COON VALLEY FARMERS TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Carol Olson</b></p>				<p><small>Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers tel. co., inc.,l=Coon Valley WI 54623-0398, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Carol Olson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>608-452-3101</b></p>					
Study Area Code of Reporting Carrier	<b>330868</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COON VALLEY FARMERS TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Carol Olson</b></p>				<p><small>Digitally signed by Carol Olson DN:cn=Carol Olson,email=cvt@mwt.net,O=coon valley farmers tel. co.,inc.,l=Coon Valley WI 54623-0398, Date:7/21/2023</small></p>	
<p>Date: <b>7/21/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Carol Olson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>608-452-3101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330868</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CUBA CITY EXCHANGE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kent Dau</b></p>				<p><small>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel.,l=Eldridge IA 52748, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kent Dau</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-285-9611</b></p>					
Study Area Code of Reporting Carrier	<b>330872</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS IND. TEL. CO.-WI</b></p>					
<p>Signature of Authorized Officer or employee: <b>Terry Kucera</b></p>				<p><small>Digitally signed by Terry Kucera DN:cn=Terry Kucera,email=terry@grantsburgtelcom.com,O=farmers ind. tel. co.-wi,l=Grantsburg WI 54840-0447, Date:5/19/2023</small></p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Terry Kucera</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager and Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-463-5322</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330879</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS IND. TEL. CO.-WI</b></p>					
<p>Signature of Authorized Officer or employee: <b>Terry Kucera</b></p>				<p><small>Digitally signed by Terry Kucera DN:cn=Terry Kucera,email=terry@grantsburgtelcom.com,O=farmers ind. tel. co.-wi,l=Grantsburg WI 54840-0447, Date:7/21/2023</small></p>	
<p>Date: <b>7/21/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Terry Kucera</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager and Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-463-5322</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330879</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HILLSBORO TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Carla Shaker</span></p>				<p><small>Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel. co., inc.,l=Hillsboro WI 54634-0427, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Carla Shaker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer/Office Mgr.</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">608-489-3230</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330892</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HILLSBORO TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Carla Shaker</b></p>				<p><small>Digitally signed by Carla Shaker DN:cn=Carla Shaker,email=cjshaker@hillsborotel.com,O=hillsboro tel. co., inc.,l=Hillsboro WI 54634-0427, Date:7/21/2023</small></p> <p>Date: <b>7/21/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Carla Shaker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer/Office Mgr.</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>608-489-3230</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330892</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	<p></p>
<p><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.</b></p>					

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				Lakeland Telephone Company	
Signature of authorized officer		Lisa Beaupied-Aum		Date	5.29.23
Printed name of authorized officer		Lisa Beaupied-Aum			
Title or position of authorized officer		Chief Experience Officer			
Telephone number of authorized officer:		924617.7022, ext.			
Study Area Code of Reporting Carrier		330896		Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA VALLE TEL. COOP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gregory Rockweiler</span></p>				<p><small>Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=greg@lvc.coop,O=la valle tel. coop.,l=La Valle WI 53941, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gregory Rockweiler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">608-985-7201</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330899</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEMONWEIR VALLEY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Donna Rezin</span></p>				<p><small>Digitally signed by Donna Rezin DN:cn=Donna Rezin,email=Donna.Rezin@getlynxx.com,O=lemonweir valley tel. co.,l=Camp Douglas WI 54618, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Donna Rezin</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">608-427-6515</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330900</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAKELAND COMMUNICATIONS GROUP, LLC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Crystal Morley</span></p>				<p><small>Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystalm@lakelandteam.com,O=lakeland communications group, llc,l=Milltown WI 54858, Date:5/19/2023</small></p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Crystal Morley</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-825-5105</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330902</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MANAWA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Justin Huebner</b></p>				<p><small>Digitally signed by Justin Huebner DN:cn=Justin Huebner,email=jhuebner@solarus.net,O=manawa tel. co.,l=Wisconsin Rapids WI 54495-8045, Date:5/29/2023</small></p> <p>Date: <b>5/29/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Justin Huebner</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-421-8140</b></p>					
Study Area Code of Reporting Carrier	<b>330905</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARQUETTE-ADAMS TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Darren Moser</span></p>				<p><small>Digitally signed by Darren Moser DN:cn=Darren Moser,email=dmoser@maadtelco.com,O=marquette-adams tel. coop., inc.,l=Oxford WI 53952, Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Darren Moser</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">608-586-4111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330908</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NELSON COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Laura Gullickson</b></p>				<p><small>Digitally signed by Laura Gullickson DN:cn=Laura Gullickson,email=laura@ntec.net,O=nelson communications cooperative,l=Durand WI 54736-0228, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Laura Gullickson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-672-4204</b></p>					
Study Area Code of Reporting Carrier	<b>330918</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

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				Niagara Telephone Company	
Signature of authorized officer		Lisa Beaupre-Rum		Date	5.29.23
Printed name of authorized officer		Lisa Beaupre-Rum			
Title or position of authorized officer		Chief Experience Officer			
Telephone number of authorized officer:		920,671,7022, ext.			
Study Area Code of Reporting Carrier		330420	Filing Due Date for this form (mm/dd/yyyy)	June 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 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 Bayland Telephone			
Signature of authorized officer Lisa Beaupied-Pum		Date	5/29/23
Printed name of authorized officer Lisa Beaupied - Pum			
Title or position of authorized officer Chief Experience Officer			
Telephone number of authorized officer: 925, 617, 7022 ext.			
Study Area Code of Reporting Carrier	330925	Filing Due Date for this form (mm/dd/yyyy)	June 15, 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PRICE COUNTY TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Robert Thompson</span></p>				<p><small>Digitally signed by Robert Thompson DN: cn=Robert Thompson, email=rthompson@norvado.com, O=price county tel. co., l=Cable WI 54821, Date: 5/24/2023</small></p>	
<p>Date: <span style="color: blue;">5/24/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Thompson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-798-3303</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330937</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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				Northeast telephone Company	
Signature of authorized officer		Lisa Beaupied - Pm		Date	5.29.23
Printed name of authorized officer		Lisa Beaupied - Pm			
Title or position of authorized officer		Chief Experience Officer			
Telephone number of authorized officer:		920.617.7022, ext.			
Study Area Code of Reporting Carrier	330938	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RICHLAND-GRANT TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Lori Thomas</span></p>				<p><small>Digitally signed by Lori Thomas DN:cn=Lori Thomas,email=Lorit@rgtc.coop,O=richland-grant tel. coop.,inc.,l=Blue River WI 53518, Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Lori Thomas</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">608-537-2461</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330942</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SHARON TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brad Ellefson</b></p>				<p>Digitally signed by Brad Ellefson DN:cn=Brad Ellefson,email=brad@sharontelephone.com,O=sharon tel. co.,l=Sharon WI 53585, Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brad Ellefson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>262-736-9981</b></p>					
Study Area Code of Reporting Carrier	<b>330946</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SIREN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Sid Sherstad</b></p>				<p><small>Digitally signed by Sid Sherstad DN:cn=Sid Sherstad,email=sherstad@sirentel.net,O=siren tel. co., inc.,l=Siren WI 54872-0426, Date:5/28/2023</small></p>	
<p>Date: <b>5/28/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Sid Sherstad</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-349-2224</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330949</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOMERSET TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Scott Jensen</b></p>				<p><small>Digitally signed by Scott Jensen DN:cn=Scott Jensen,email=sjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/19/2023</small></p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Scott Jensen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-268-7101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330951</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRING VALLEY TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Carol Anderson</span></p>				<p><small>Digitally signed by Carol Anderson DN:cn=Carol Anderson,email=svtel@svtel.net,O=spring valley tel. co., inc.,l=Spring Valley WI 54767, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Carol Anderson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-778-4433</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330953</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cheryl Rue</b></p>				<p><small>Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county communications cooperative, inc.,l=Strum WI 54770, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Cheryl Rue</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-695-2691</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330960</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cheryl Rue</b></p>				<p><small>Digitally signed by Cheryl Rue DN:cn=Cheryl Rue,email=crue@tccpro.net,O=tri-county communications cooperative, inc.,l=Strum WI 54770, Date:7/26/2023</small></p> <p>Date: <b>7/26/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Cheryl Rue</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-695-2691</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330960</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UNION TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Richard Letto</span></p>				<p><small>Digitally signed by Richard Letto DN:cn=Richard Letto,email=rletto@tvalleycom.com,O=union tel. co.,l=Plainfield WI 54966-0096, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Letto</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Exec. VP &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-335-6301</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330962</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">UNION TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Richard Letto</span>				<small>Digitally signed by Richard Letto DN:cn=Richard Letto,email=rletto@tvalleycom.com,O=union tel. co.,l=Plainfield WI 54966-0096, Date:7/21/2023</small> Date: <span style="color: blue;">7/21/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Letto</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Exec. VP &amp; General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">715-335-6301</span>					
Study Area Code of Reporting Carrier	330962		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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 Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>VERNON COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Garin Mayer</b></p>				<p>Digitally signed by Garin Mayer DN:cn=Garin Mayer,email=gmaye@vernoncom.coop,O=vernon communications cooperative,l=Westby WI 54667, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Garin Mayer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>608-634-3136</b></p>					
Study Area Code of Reporting Carrier	<b>330966</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>VERNON COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Scott Haakenson</b></p>				<p><small>Digitally signed by Scott Haakenson DN:cn=Scott Haakenson,email=shaakenson@vernoncom.coop,O=vernon communications cooperative,l=Westby WI 54667, Date:7/21/2023</small></p>	
<p>Date: <b>7/21/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Scott Haakenson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>608-634-7423</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>330966</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WEST WISCONSIN TELCOM COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jim Kusilek</b></p>				<small>Digitally signed by Jim Kusilek DN:cn=Jim Kusilek,email=jkusilek@wwt.coop,O=west wisconsin telcom coop., inc.,l=Downsville WI 54735, Date:5/26/2023</small> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jim Kusilek</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>715-664-8311</b></p>					
Study Area Code of Reporting Carrier	<b>330971</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WITTENBERG TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Nyman</span></p>				<p><small>Digitally signed by Scott Nyman DN:cn=Scott Nyman,email=snyman@cirrinity.net,O=wittenberg tel. co.,l=Wittenberg WI 54499-0160, Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Nyman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-253-2112</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330973</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WITTENBERG TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Nyman</span></p>				<p><small>Digitally signed by Scott Nyman DN:cn=Scott Nyman,email=snyman@cirrinity.net,O=wittenberg tel. co.,l=Wittenberg WI 54499-0160, Date:7/25/2023</small></p> <p>Date: <span style="color: blue;">7/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Nyman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-253-2112</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330973</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WOOD COUNTY TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Justin Huebner</span></p>				<p><small>Digitally signed by Justin Huebner DN:cn=Justin Huebner,email=jhuebner@solarus.net,O=manawa tel. co.,l=Wisconsin Rapids WI 54495-8045, Date:5/29/2023</small></p>	
<p>Date: <span style="color: blue;">5/29/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Justin Huebner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">715-421-8140</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">330974</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ADAMS TEL. COOP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">James Broemmer Jr.</span></p>				<p><small>Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbroemmer@adamstel.com,O=adams tel. coop.,l=Golden IL 62339-0217, Date:5/17/2023</small></p>	
<p>Date: <span style="color: blue;">5/17/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Broemmer Jr.</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">217-696-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">340976</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALHAMBRA - GRANTFORK TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Robert Butler</span>				<small>Digitally signed by Robert Butler DN:cn=Robert Butler,email=robertb@exchange.agtelco.com,O=alhambra - grantfork telephone company,l=Alhambra IL 62001-0207, Date:5/22/2023</small> Date: <span style="color: blue;">5/22/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Butler</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">618-488-2165</span>					
Study Area Code of Reporting Carrier	340978		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CAMBRIDGE TEL CO -IL</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Judith Denys</span>				<small>Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=cambridge tel. co.-il, =Geneseo IL 61254-0330, Date:5/31/2023</small> Date: <span style="color: blue;">5/31/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Judith Denys</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">309-944-8017</span>					
Study Area Code of Reporting Carrier	340983		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CASS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Amy Parlier</b></p>				<p><small>Digitally signed by Amy Parlier DN:cn=Amy Parlier,email=amy@casscomm.com,O=cass telephone company,l=Virginia IL 62691, Date:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Amy Parlier</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>217-452-4112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>340984</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CASS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Amy Parlier</b></p>				<p><small>Digitally signed by Amy Parlier DN:cn=Amy Parlier,email=amy@casscomm.com,O=cass telephone company,l=Virginia IL 62691, Date:7/24/2023</small></p>	
<p>Date: <b>7/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Amy Parlier</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>217-452-4112</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>340984</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p>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.</p>					

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				Clarksville Mutual Telephone Company	
Signature of authorized officer		<i>Patricia Rhoads</i>		Date	05/23/2023
Printed name of authorized officer		Patricia Rhoads			
Title or position of authorized officer		<i>Sec. Treas</i>			
Telephone number of authorized officer:		217,889-3822 ext.			
Study Area Code of Reporting Carrier	340990	Filing Due Date for this form (mm/dd/yyyy)	June 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.					

TRANSMITTAL NO. 1694

05/23/2023 2:42PM (GMT-04:00)

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CROSSVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chris Birkla</span></p>				<p><small>Digitally signed by Chris Birkla DN:cn=Chris Birkla,email=cbirkla@crosstelco.net,O=crossville tel. co.,l=Crossville IL 62827, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Chris Birkla</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant Secretary/Treasurer/General Mg</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">618-966-2196</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">340993</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>EGYPTIAN COOP ASSN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Matt Bollinger</b></p>				<p>Digitally signed by Matt Bollinger DN:cn=Matt Bollinger,email=mbollinger@egyptian.net,O=egyptian tel. coop. assn.,l= , Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Matt Bollinger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-774-1000</b></p>					
Study Area Code of Reporting Carrier	<b>341003</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FLAT ROCK TEL CO-OP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Barry Adair</b></p>				<p>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=montrose mutual tel. co.,l=Louisville IL 62858, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Barry Adair</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-665-3311</b></p>					
Study Area Code of Reporting Carrier	<b>341012</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FLAT ROCK TEL CO-OP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Barry Adair</b></p>				<p>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=flat rock tel. coop.,inc.,l=Louisville IL 62858, Date:7/25/2023</p>	
<p>Date: <b>7/25/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Barry Adair</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-665-3311</b></p>					
Study Area Code of Reporting Carrier	<b>341012</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GENESEO TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Judith Denys</b></p>				<p><small>Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=geneseo tel. co.,l=Geneseo IL 61254-0330, Date:5/31/2023</small></p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Judith Denys</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-944-8017</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341016</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLASFORD TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Duane Goetze</span></p>				<p><small>Digitally signed by Duane Goetze DN:cn=Duane Goetze,email=swbgtc@glastel.net,O=glasford tel. co.,l=Glasford IL 61533, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Duane Goetze</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">309-389-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341017</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GRAFTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Leigh Sickinger</span></p>				<p><small>Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grifton tel. co.,l=Grafton IL 62037, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Leigh Sickinger</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">618-786-3400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341020</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">THE GRANDVIEW MUTUAL TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Angela Tate</span>				<small>Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=the grandview mutual tel. co.,l= , Date:5/19/2023</small> Date: <span style="color: blue;">5/19/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Angela Tate</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">217-946-4101</span>					
Study Area Code of Reporting Carrier	341021		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GRIDLEY TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Herb Flesher</b></p>				<p><small>Digitally signed by Herb Flesher DN:cn=Herb Flesher,email=hflesher@gridtel.com,O=gridley tel. co.,l=Gridley IL 61744-0129, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Herb Flesher</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-747-3780</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341023</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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				Hamilton County Telephone Co-op	
Signature of authorized officer			Date		5/26/2023
Printed name of authorized officer			Kevin Pyle		
Title or position of authorized officer			GM/EVP		
Telephone number of authorized officer:			(618) 736-2211, ext.		
Study Area Code of Reporting Carrier		341024	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAMILTON COUNTY TELEPHONE CO-OP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kevin Pyle</span></p>				<p><small>Digitally signed by Kevin Pyle DN:cn=Kevin Pyle,email=kevinp@hamiltoncom.net,O=hamilton county telephone co-op,l=Dahlgren IL 62828, Date:7/25/2023</small></p>	
<p>Date: <span style="color: blue;">7/25/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kevin Pyle</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">618-736-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341024</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHAWNEE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Grisham</span></p>				<p><small>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee telephone company,l=Equality IL 62934, Date:5/24/2023</small></p>	
<p>Date: <span style="color: blue;">5/24/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Grisham</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">618-276-4211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341025</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HENRY COUNTY TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Judith Denys</span></p>				<p><small>Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=henry county tel. co.,l=Geneseo IL 61254-0330, Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Judith Denys</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">309-944-8017</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341029</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HOME TELEPHONE COMPANY-ST. JACOB</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Schmidt</b></p>				<p><small>Digitally signed by Eric Schmidt DN:cn=Eric Schmidt,email=eschmidt@hometel.com,O=home telephone company-st. jacob,l=St. Jacob IL 62281, Date:5/19/2023</small></p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Schmidt</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-644-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341032</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KINSMAN MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michelle Baudino</span></p>				<p><small>Digitally signed by Michelle Baudino DN:cn=Michelle Baudino,email=kinstel@mtco.com,O=kinsman mutual tel. co.,l=Kinsman IL 60437, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Michelle Baudino</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">815-392-4210</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341041</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA HARPE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Irish</span></p>				<p><small>Digitally signed by Mark Irish DN:cn=Mark Irish,email=mark@laharpetelephone.com,O=la harpe tel. co.,l=LaHarpe IL 61450, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Irish</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">217-659-7721</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341043</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEAF RIVER TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aaron Palmer</span></p>				<p><small>Digitally signed by Aaron Palmer DN:cn=Aaron Palmer,email=apalmer@lrnet1.com,O=leaf river tel. co.,l=Leaf River IL 61047, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Aaron Palmer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">608-220-1587</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341045</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEONORE MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Donna Naas</span></p>				<p><small>Digitally signed by Donna Naas DN:cn=Donna Naas,email=lmtc@lmtc.net,O=leonore mutual tel. co.,l=Leonore IL 61332, Date:5/23/2023</small></p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Donna Naas</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">815-856-3164</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341046</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MCDONOUGH TELEPHONE COOPERATIVE</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jay Griswold</span></p>				<p><small>Digitally signed by Jay Griswold DN:cn=Jay Griswold,email=jgriswold@mdtc.net,O=mcdonough telephone cooperative,l=Colchester IL 62326, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jay Griswold</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">309-776-3211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341047</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MCNABB TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kenneth Troyan</span></p>				<p><small>Digitally signed by Kenneth Troyan DN:cn=Kenneth Troyan,email=kennethtroyan@nabbnet.com,O=mcnabb tel. co.,l= , Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kenneth Troyan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">815-882-2201</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341048</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MADISON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mary Schwartz</span></p>				<p><small>Digitally signed by Mary Schwartz DN:cn=Mary Schwartz,email=regmadison@madisonelco.com,O=madison tel. co.,l=Staunton IL 62088, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mary Schwartz</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">618-635-5000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341049</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARSEILLES TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ann Dickerson</span></p>				<p><small>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=adickerson@corp.mtco.com,O=marseilles tel. co. of mars.,l=Metamora IL 61548-0800, Date:5/17/2023</small></p>	
<p>Date: <span style="color: blue;">5/17/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ann Dickerson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">309-367-4197</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341050</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>METAMORA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ann Dickerson</b></p>				<p><small>Digitally signed by Ann Dickerson DN:cn=Ann Dickerson,email=adickerson@corp.mtco.com,O=marseilles tel. co. of mars.,l=Metamora IL 61548-0800, Date:5/17/2023</small></p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ann Dickerson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-367-4197</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341053</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MID CENTURY TELEPHONE CO-OPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Broemmer, Jr.</b></p>				<p>Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jimbrommer@adamstel.com,O=mid century telephone co-operative,l=Fairview IL 61432, Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Broemmer, Jr.</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-778-8611</b></p>					
Study Area Code of Reporting Carrier	<b>341054</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MONTROSE MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Barry Adair</b></p>				<p><small>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=montrose mutual tel. co.,l=Louisville IL 62858, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Barry Adair</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>618-665-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341058</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOULTRIE INDEPENDENT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">James Grisham</span></p>				<p><small>Digitally signed by James Grisham DN:cn=James Grisham,email=mgrisham@shawneetel.com,O=shawnee telephone company,l=Equality IL 62934, Date:5/24/2023</small></p>	
<p>Date: <span style="color: blue;">5/24/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Grisham</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">618-276-4211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341060</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW WINDSOR TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Sharon Sims</span></p>				<p><small>Digitally signed by Sharon Sims DN:cn=Sharon Sims,email=nwofficer667@gmail.com,O=new windsor tel. co.,l=New Windsor IL 61465, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Sharon Sims</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">309-667-2712</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341062</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">NEW WINDSOR TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Sharon Sims</span>				<small>Digitally signed by Sharon Sims DN:cn=Sharon Sims,email=nwofficer667@gmail.com,O=new windsor tel. co.,l=New Windsor IL 61465, Date:7/21/2023</small> Date: <span style="color: blue;">7/21/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Sharon Sims</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">309-667-2712</span>					
Study Area Code of Reporting Carrier	341062		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ONEIDA TEL. EXCHANGE</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Troy Nimrick</span>				<small>Digitally signed by Troy Nimrick DN:cn=Troy Nimrick,email=troy@oneidatel.com,O=oneida tel. exchange,l=Oneida IL 61467-0445, Date:5/18/2023</small>  Date: <span style="color: blue;">5/18/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Troy Nimrick</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">309-483-3111</span>					
Study Area Code of Reporting Carrier	341066		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>REYNOLDS TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jace Taylor</b></p>				<p>Digitally signed by Jace Taylor DN:cn=Jace Taylor,email=jataylor@reysel.net,O=reynolds tel. co.,l=Reynolds IL 61279, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jace Taylor</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>309-372-4214</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>341075</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TONICA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jeremy Hillyer</b></p>				<p>Digitally signed by Jeremy Hillyer DN:cn=Jeremy Hillyer,email=tontel@tonicacom.net,O=tonica tel. co.,l=Tonica IL 61370-0158, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jeremy Hillyer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>815-442-9901</b></p>					
Study Area Code of Reporting Carrier	<b>341086</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">VIOLA HOME TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jay Barton</span>				<small>Digitally signed by Jay Barton DN:cn=Jay Barton,email=jay@violatel.com,O=viola home tel. co.,l=Viola IL 61486, Date:5/22/2023</small> Date: <span style="color: blue;">5/22/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Jay Barton</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Assistant Secretary</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">309-596-2222</span>					
Study Area Code of Reporting Carrier	341087		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WABASH COMM CO-OP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Barry Adair</span></p>				<p><small>Digitally signed by Barry Adair DN:cn=Barry Adair,email=barryadair@wabash.net,O=montrose mutual tel. co.,l=Louisville IL 62858, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Barry Adair</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">618-665-3311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341088</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WOODHULL TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Philip Wirt</span></p>				<p><small>Digitally signed by Philip Wirt DN:cn=Philip Wirt,email=pwirtwc@divcominc.net,O=woodhull telephone company,l=Woodhull IL 61490-0117, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Philip Wirt</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">309-334-2150</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">341091</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STELLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jo Daly</b></p>				<p>Digitally signed by Jo Daly DN:cn=Jo Daly,email=stelletelephone@stelle.net,O=stelle tel. co.,l= , Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jo Daly</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Financial/Admin Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>815-256-2345</b></p>					
Study Area Code of Reporting Carrier	<b>341092</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>REASNOR TELEPHONE COMPANY, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Johnny Harvison</b></p>				<p><small>Digitally signed by Johnny Harvison DN:cn=Johnny Harvison,email=johnny.harvison@dynprod.net,O=reasnor telephone company, llc, Date:5/17/2023</small></p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Johnny Harvison</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>817-838-1800</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>350739</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier:      <b>ANDREW TEL CO INC</b></p>					
<p>Signature of Authorized Officer or employee:      <b>JoAnne Gregorich</b></p>				<p><small>Digitally signed by JoAnne Gregorich DN: cn=JoAnne Gregorich, email=joanne@lamotte-telco.com, O=andrew tel. co., inc., l=LaMotte IA 52054, Date: 5/30/2023</small></p>	
<p>Date:      <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>JoAnne Gregorich</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>563-773-2213</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351097</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>ANDREW TEL CO INC</b>					
Signature of Authorized Officer or employee: <b>JoAnne Gregorich</b>				<small>Digitally signed by JoAnne Gregorich DN: cn=JoAnne Gregorich, email=joanne@lamotte-telco.com, O=andrew tel. co., inc., I=LaMotte IA 52054, Date: 7/25/2023</small> Date: <b>7/25/2023</b>	
Printed name of Authorized Officer or employee: <b>JoAnne Gregorich</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>563-773-2213</b>					
Study Area Code of Reporting Carrier	<b>351097</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</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.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier:      <b>WESTSIDE INDEPENDENT</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Kevin Skinner</b></p>				<p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/22/2023</small></p>	
<p>Date:      <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Kevin Skinner</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>712-673-2311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351100</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ATKINS TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gerald Spaight</span></p>				<p><small>Digitally signed by Gerald Spaight DN:cn=Gerald Spaight,email=jspaight@atcomm.net,O=atkins tel. co.,l=Atkins IA 52206, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gerald Spaight</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager / Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-446-7331</span></p>					
Study Area Code of Reporting Carrier	351101		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">AYRSHIRE FARMERS MUT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gary Petersen</span></p>				<p><small>Digitally signed by Gary Petersen DN:cn=Gary Petersen,email=gpetersen@ncn.net,O=ayrshire fmrs. mut. tel. co.,l= , Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gary Petersen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-776-2222</span></p>					
Study Area Code of Reporting Carrier	351105		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALPINE COMMUNICATIONS, L.C.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chris Hopp</span>				<small>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@alpinecom.net,O=alpine communications, l.c.,l=Elkader IA 52043, Date:5/18/2023</small> Date: <span style="color: blue;">5/18/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Chris Hopp</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">563-245-4480</span>					
Study Area Code of Reporting Carrier	351106		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BALDWIN-NASHVILLE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brian Rickels</b></p>				<p>Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville tel. co., inc.,l=Baldwin IA 52207-0050, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brian Rickels</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-673-6001</b></p>					
Study Area Code of Reporting Carrier	<b>351107</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">BALDWIN-NASHVILLE TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brian Rickels</span>				<small>Digitally signed by Brian Rickels DN:cn=Brian Rickels,email=bntc@netins.net,O=baldwin-nashville tel. co., inc.,l=Baldwin IA 52207-0050, Date:7/21/2023</small> Date: <span style="color: blue;">7/21/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Brian Rickels</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">563-673-6001</span>					
Study Area Code of Reporting Carrier	351107		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BARNES CITY COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Diane Henry</span></p>				<p><small>Digitally signed by Diane Henry DN:cn=Diane Henry,email=barnescity@netins.net,O=barnes city coop. tel. co.,l=Barnes City IA 50027, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Diane Henry</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-644-5214</span></p>					
Study Area Code of Reporting Carrier	351108		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">BERNARD TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Kyle Manders</span>				<small>Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel. co., inc.,l=Bernard IA 52032-0068, Date:5/22/2023</small> Date: <span style="color: blue;">5/22/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kyle Manders</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">563-879-3203</span>					
Study Area Code of Reporting Carrier	351110		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>BERNARD TEL. CO., INC.</b>					
Signature of Authorized Officer or employee: <b>Kyle Manders</b>				<small>Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel. co., inc.,l=Bernard IA 52032-0068, Date:7/26/2023</small> Date: <b>7/26/2023</b>	
Printed name of Authorized Officer or employee: <b>Kyle Manders</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>563-879-3203</b>					
Study Area Code of Reporting Carrier	<b>351110</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</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.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BREDA TEL CORP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kevin Skinner</span></p>				<p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kevin Skinner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-673-2311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351112</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BROOKLYN MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tim Atkinson</b></p>				<p><small>Digitally signed by Tim Atkinson DN:cn=Tim Atkinson,email=brookmt@netins.net,O=brooklyn mutual tel. co.,l=Brooklyn IA 52211-0513, Date:5/31/2023</small></p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tim Atkinson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-522-9211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351113</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BUTLER-BREMER MUT. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Andrea Hansen</b></p>				<p><small>Digitally signed by Andrea Hansen DN:cn=Andrea Hansen,email=andrea@butler-bremer.biz,O=butler-bremer mut. tel. co.,l=Plainfield IA 50666-0099, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Andrea Hansen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/GM</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-276-4458</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351115</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

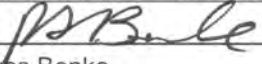
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>CASCADE COMMUNICATIONS COMPANY</b>					
Signature of Authorized Officer or employee: <b>Chris Summerall</b>				<small>Digitally signed by Chris Summerall DN:cn=Chris Summerall,email=chris@cascadecomm.com,O=cascade communications company,l=Cascade IA 52033-0250, Date:5/22/2023</small> Date: <b>5/22/2023</b>	
Printed name of Authorized Officer or employee: <b>Chris Summerall</b>					
Title or position of Authorized Officer or employee: <b>General Manager/Compliance Officer</b>					
Telephone number of Authorized Officer or employee: <b>563-852-3710</b>					
Study Area Code of Reporting Carrier	<b>351118</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<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.</b>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CASEY MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Breining</span></p>				<p><small>Digitally signed by John Breining DN:cn=John Breining,email=cmtl@netins.net,O=casey mutual tel. co.,l=Casey IA 50048, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Breining</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-746-2222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351119</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>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).</p>			
Name of Reporting Carrier <b>CENTER JUNCTION TELEPHONE CO., INC</b>			
Signature of authorized officer 		Date <b>5/24/2023</b>	
Printed name of authorized officer <b>Russ Benke</b>			
Title or position of authorized officer <b>General Manager</b>			
Telephone number of authorized officer: <b>(563) 487-2631</b>			
Study Area Code of Reporting Carrier	<b>351121</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</b>
<p>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.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CENTRAL SCOTT TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kent Dau</b></p>				<p>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel.,l=Eldridge IA 52748, Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kent Dau</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-285-9611</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351125</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CITIZENS MUTUAL TEL</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Vince Tyson</span>				<small>Digitally signed by Vince Tyson DN:cn=Vince Tyson,email=vtyson@mycmtech.com,O=citizens mutual telephone cooperative,lc=, Date:5/17/2023</small>  Date: <span style="color: blue;">5/17/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Vince Tyson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">641-664-2074</span>					
Study Area Code of Reporting Carrier	351129		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CLARENCE TEL. CO., INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chad Fall</span>				<small>Digitally signed by Chad Fall DN:cn=Chad Fall,email=ctcmanager@netins.net,O=clarence tel. co.,inc.,l=Clarence IA 52216, Date:5/18/2023</small>  Date: <span style="color: blue;">5/18/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Chad Fall</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">563-452-3852</span>					
Study Area Code of Reporting Carrier	351130		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CLARENCE TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chad Fall</b></p>				<p>Digitally signed by Chad Fall DN:cn=Chad Fall,email=ctcmanager@netins.net,O=clarence tel. co., inc.,l=Clarence IA 52216, Date:7/21/2023</p>	
<p>Date: <b>7/21/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Chad Fall</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-452-3852</b></p>					
Study Area Code of Reporting Carrier	<b>351130</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">C-M-L TEL. COOP. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Johnson</span></p>				<p><small>Digitally signed by Bruce Johnson DN:cn=Bruce Johnson,email=cmltelco@netins.net,O=c-m-l tel. coop. assn.,l=Meriden IA 51037-0018, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Johnson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-443-8222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351133</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COLO TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Randy Bellon</span></p>				<p><small>Digitally signed by Randy Bellon DN:cn=Randy Bellon,email=shane@colotel.org,O=colo tel. co.,l= Colo IA 50056, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Randy Bellon</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-377-2202</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351134</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>SHELLSBURG CABLE</b>					
Signature of Authorized Officer or employee: <b>Curtis Eldred</b>				<small>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@usacomm.coop,O=farmers mutual tel. coop.-shellsburg,l=Shellsburg IA 52332, Date:5/23/2023</small> Date: <b>5/23/2023</b>	
Printed name of Authorized Officer or employee: <b>Curtis Eldred</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>319-436-2224</b>					
Study Area Code of Reporting Carrier	<b>351136</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COON VALLEY COOP. TEL. ASSN., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jim Nelson</span></p>				<p><small>Digitally signed by Jim Nelson DN:cn=Jim Nelson,email=jnelson@coonvalleytelco.com,O=coon valley coop. tel. assn., inc.,l=Menlo IA 50164, Date:5/19/2023</small></p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jim Nelson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-524-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351137</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Schabacker</span></p>				<p><small>Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=coop.tel@netins.net,O=coop. tel. co.,l=Victor IA 52347, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Schabacker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-647-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351139</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Schabacker</span></p>				<p><small>Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=scott@ctctechnology.net,O=coop. tel. co.,l=Victor IA 52347, Date:7/25/2023</small></p> <p>Date: <span style="color: blue;">7/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Schabacker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-647-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351139</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CORN BELT TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Lee Wuebker</span></p>				<p><small>Digitally signed by Lee Wuebker DN:cn=Lee Wuebker,email=cornbelt@netins.net,O=corn belt tel. co.,l=Wall Lake IA 51466, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Lee Wuebker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-664-2221</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351141</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CUMBERLAND TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Vickie Adams</b></p>				<p><small>Digitally signed by Vickie Adams DN:cn=Vickie Adams,email=vickie_ctc@netins.net,O=cumberland tel. co.,l=Cumberland IA 50843, Date:5/24/2023</small></p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Vickie Adams</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-774-2221</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351146</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DANVILLE MUT. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Timothy FencI</span></p>				<p><small>Digitally signed by Timothy FencI DN:cn=Timothy FencI,email=tfencI@danvilletelco.net,O=danville mut. tel. co.,l=Danville IA 52623, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Timothy FencI</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager &amp; CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-392-4251</span></p>					
Study Area Code of Reporting Carrier	351147		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS (DEFIANCE)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Conry</b></p>				<p><small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual cooperative tel co (defiance),l=Harlan IA 51537-0311, Date:5/19/2023</small></p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-744-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351149</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DIXON ACQ LLC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kent Dau</span></p>				<p><small>Digitally signed by Kent Dau DN:cn=Kent Dau,email=kent@cstech.com,O=central scott tel.,l=Eldridge IA 52748, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kent Dau</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-285-9611</span></p>					
Study Area Code of Reporting Carrier	351150		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUMONT TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Roger Kregel</span></p>				<p><small>Digitally signed by Roger Kregel DN:cn=Roger Kregel,email=rogerkr@dumonttelephone.com,O=dumont tel. co.,l=Dumont IA 50625-0349, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Roger Kregel</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-857-3211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351152</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DUNKERTON TEL. COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Abbi Kienast</b></p>				<p><small>Digitally signed by Abbi Kienast DN:cn=Abbi Kienast,email=abbi@dunkerton.net,O=dunkerton tel. coop.,inc.,l=Dunkerton IA 50626, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Abbi Kienast</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-822-4512</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351153</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EAST BUCHANAN TEL. COOP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michael Becker</span></p>				<p><small>Digitally signed by Michael Becker DN:cn=Michael Becker, email=mike.becker@eastbuchanan.com, O=east buchanan tel. coop., I= , Date: 5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Michael Becker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-935-3011</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351156</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ELLSWORTH COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Joshua Angove</span></p>				<p><small>Digitally signed by Joshua Angove DN:cn=Joshua Angove,email=jangove@netins.net,O=ellsworth coop. tel. assn.,l=Ellsworth IA 50075-0458, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joshua Angove</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-836-4431</span></p>					
Study Area Code of Reporting Carrier	351157		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MINBURN TELECOMM.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Debra Lucht</b></p>				<p><small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecommunications, inc.,I=Minburn IA 50167, Date:5/19/2023</small></p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Debra Lucht</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-677-2264</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351158</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>F&amp;B COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aaron Horman</b></p>				<p>Digitally signed by Aaron Horman DN:cn=Aaron Horman,email=aaron@fbc-tele.com,O=f&amp;b communications, inc.,l=Wheatland IA 52777, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Aaron Horman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Assistant Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-374-1236</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351160</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS COOP. TEL. CO.-DYSART</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shelly Franzenburg</b></p>				<p><small>Digitally signed by Shelly Franzenburg DN:cn=Shelly Franzenburg,email=sfranzenburg@ftc.coop,O=farmers coop. tel. co.-dysart,lc=Dysart IA 52224-0280, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Shelly Franzenburg</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-476-7800</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351162</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS &amp; MERCHANTS MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ray Fear</b></p>				<p><small>Digitally signed by Ray Fear DN:cn=Ray Fear,email=rayfear@farmtel.com,O=farmers &amp; merchants mutual tel. co.,l= , Date:5/25/2023</small></p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ray Fear</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Operations Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-256-2736</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351166</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Conry</b></p>				<p><small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual cooperative tel co (defiance),l=Harlan IA 51537-0311, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-744-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351168</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP. TEL. CO.-MOULTON</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tammy Wheeler</b></p>				<p><small>Digitally signed by Tammy Wheeler DN:cn=Tammy Wheeler,email=tammywheeler@fmcfiber.com,O=farmers mutual coop. tel. co.-moulton,l=Moulton IA 52572, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tammy Wheeler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-642-3249</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351169</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. CO.-JESUP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shawn Westpfahl</b></p>				<p>Digitally signed by Shawn Westpfahl DN:cn=Shawn Westpfahl,email=shawn.westpfahl@heartlandtechnology.com,O=farmers mutual tel. co.-jesup, Jesup IA 50648-0249, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shawn Westpfahl</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP of Business Development</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-827-1151</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351171</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Josh Hveem</b></p>				<p><small>Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,IA=Truro IA 50257, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-765-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351172</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curtis Eldred</b></p>				<p>Digitally signed by Curtis Eldred DN:cn=Curtis Eldred,email=celdred@usacomm.coop,O=farmers mutual tel. coop.-shellsburg,l=Shellsburg IA 52332, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Curtis Eldred</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-436-2224</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351173</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TELEPHONE CO. OF STANTON, IOWA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tim Eklund</b></p>				<p><small>Digitally signed by Tim Eklund DN:cn=Tim Eklund,email=teklund@fmtcnet.com,O=farmers mutual telephone co. of stanton, iowa,lc=Stanton IA 51573-0220, Date:5/30/2023</small></p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tim Eklund</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-829-2111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351174</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL CO - BAT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Vince Tyson</b></p>				<p><small>Digitally signed by Vince Tyson DN:cn=Vince Tyson,email=vtyson@mycmtech.com,O=citizens mutual telephone cooperative,lc=, Date:5/17/2023</small></p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Vince Tyson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-664-2074</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351175</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL. CO.-ESSEX</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tim Hill</b></p>				<p>Digitally signed by Tim Hill DN:cn=Tim Hill,email=thill@ftciowa.com,O=farmers tel. co.-essex,l=Essex IA 51638, Date:5/17/2023</p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tim Hill</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-379-3001</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351176</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS TEL CO -RICE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Josh Hveem</b></p>				<p><small>Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs, n=Truro IA 50257, Date:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-765-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351177</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <b>FENTON COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Longhenry</b></p>				<p><small>Digitally signed by Steven Longhenry DN:cn=Steven Longhenry,email=fntn@netins.net,O=fenton coop. tel. co.,l=Fenton IA 50539, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Steven Longhenry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-889-2785</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351179</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PARTNER COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Arthur Cooper</b></p>				<p><small>Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=tophog@partnercom.net,O=partner communications cooperative, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Arthur Cooper</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Board President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-498-7701</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351187</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDFIELD TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Yeakel</b></p>				<p><small>Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=goldfield tel. co.,l=Kanawha IA 50447, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Randy Yeakel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-762-3772</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351188</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">RIVER VALLEY TELECOM</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Ivan Dalen</span>				<small>Digitally signed by Ivan Dalen DN:cn=Ivan Dalen,email=idalen@rvtc.co,O=river valley telecommunications coop.,l=Graettinger IA 51342, Date:5/19/2023</small>  Date: <span style="color: blue;">5/19/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Ivan Dalen</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">712-859-3300</span>					
Study Area Code of Reporting Carrier	351189		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GRAND MOUND COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Terri Bumann</span></p>				<p><small>Digitally signed by Terri Bumann DN:cn=Terri Bumann,email=tbumann@gmcta.coop,O=grand mound coop. tel. assn.,l=Grand Mound IA 52751-0316, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Terri Bumann</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-847-3000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351191</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GRISWOLD COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Amy McLaren</b></p>				<p>Digitally signed by Amy McLaren DN:cn=Amy McLaren,email=amym_gctc@netins.net,O=griswold coop. tel. co.,l=Griswold IA 51535-0640, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Amy McLaren</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-778-2121</b></p>					
Study Area Code of Reporting Carrier	<b>351195</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

**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				Hawkeye Telephone Company	
Signature of authorized officer			Date		5/19/2023
Printed name of authorized officer					
David Byers					
Title or position of authorized officer					
General Manager					
Telephone number of authorized officer: (563) 539-2122, ext.					
Study Area Code of Reporting Carrier		351199	Filing Due Date for this form (mm/dd/yyyy)		June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">HAWKEYE TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Byers</span>				<small>Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=hawkeye tel. co.,l=Monona IA 52159-0835, Date:7/21/2023</small>  Date: <span style="color: blue;">7/21/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">David Byers</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">COO/Assistant Secretary</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">563-539-2122</span>					
Study Area Code of Reporting Carrier	351199		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HUBBARD COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Greg Ball</span></p>				<p><small>Digitally signed by Greg Ball DN:cn=Greg Ball,email=hubbard1@netins.net,O=hubbard coop. tel. assn.,l= , Date:5/19/2023</small></p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Greg Ball</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-864-2216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351203</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HUXLEY COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Levi Bappe</b></p>				<p><small>Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=levi@huxleycommunications.net,O=huxley communications cooperative, n=Huxley IA 50124-0036, Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Levi Bappe</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager and Excutive VP</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-597-2281</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351205</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">IAMO COMM - IA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tim Toepfer</span></p>				<p><small>Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=ttoepfer@iamo.tel,O=iamo communications, inc.-ia, Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tim Toepfer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO &amp; General Manage</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-583-3232</span></p>					
Study Area Code of Reporting Carrier	351206		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FMTC-I35, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Josh Hveem</b></p>				<p><small>Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs, n=Truro IA 50257, Date:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-765-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351209</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

**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					Jordan Soldier Valley Telephone	
Signature of authorized officer				Date		05/23/2023
Printed name of authorized officer				Paul Bergmann		
Title or position of authorized officer				GM		
Telephone number of authorized officer:				(712) 271-4000		
Study Area Code of Reporting Carrier		351213	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">JORDAN SOLDIERVALLEY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Paul Bergmann</span></p>				<p>Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=pbergmann@longlines.biz,O=jordan soldier valley telephone company,l=Sergeant Bluff IA 51054, Date:7/25/2023</p>	
<p>Date: <span style="color: blue;">7/25/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Paul Bergmann</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-271-5535</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351213</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KALONA COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Casey Peck</span></p>				<p><small>Digitally signed by Casey Peck DN:cn=Casey Peck,email=casey.peck@kctc.net,O=kalona coop. tel. co.,l=Kalona IA 52247-1208, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Casey Peck</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-656-3668</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351214</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KEYSTONE FRMS. COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Byran Kimm</span></p>				<p><small>Digitally signed by Byran Kimm DN:cn=Byran Kimm,email=keystone@netins.net,O=keystone frms. coop. tel. co.,l=Keystone IA 52249-0277, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Byran Kimm</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-442-3241</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351217</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LA PORTE CITY TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chris Hopp</b></p>				<p>Digitally signed by Chris Hopp DN:cn=Chris Hopp,email=chopp@lpctel.com,O=la porte city tel. co.,l=Elkader IA 52043, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Chris Hopp</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Operations Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-245-4480</b></p>					
Study Area Code of Reporting Carrier	<b>351220</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA MOTTE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">JoAnne Gregorich</span></p>				<p><small>Digitally signed by JoAnne Gregorich DN: cn=JoAnne Gregorich, email=joanne@lamotte-telco.com, O=andrew tel. co., inc., I=LaMotte IA 52054, Date: 5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">JoAnne Gregorich</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-773-2213</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351222</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA MOTTE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">JoAnne Gregorich</span></p>				<p>Digitally signed by JoAnne Gregorich DN:cn=JoAnne Gregorich,email=joanne@lamotte-telco.com,O=andrew tel. co., inc.,l=LaMotte IA 52054, Date:7/25/2023</p>	
<p>Date: <span style="color: blue;">7/25/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">JoAnne Gregorich</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-773-2213</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351222</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEHIGH VALLEY COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jim Suchan</span></p>				<p><small>Digitally signed by Jim Suchan DN:cn=Jim Suchan,email=jsmgr@lvcta.com,O=lehigh valley coop. tel. assn.,l=Lehigh IA 50557-0137, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jim Suchan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-359-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351225</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LONE ROCK COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Josh Adams</span></p>				<p><small>Digitally signed by Josh Adams DN:cn=Josh Adams,email=office@lonerocktel.com,O=lone rock coop. tel. co.,l=Lone Rock IA 50559-0278, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Josh Adams</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-925-3271</span></p>					
Study Area Code of Reporting Carrier	351228		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LOST NATION-ELWOOD TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jan Muhl</span></p>				<p><small>Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood tel. co.,l= , Date:5/19/2023</small></p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jan Muhl</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-678-2470</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351229</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LOST NATION-ELWOOD TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jan Muhl</span></p>				<p><small>Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood tel. co.,l= , Date:7/21/2023</small></p> <p>Date: <span style="color: blue;">7/21/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jan Muhl</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-678-2470</span></p>					
Study Area Code of Reporting Carrier	351229		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST IOWA TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Byers</b></p>				<p><small>Digitally signed by David Byers DN:cn=David Byers,email=dabyers@neitel.com,O=northeast iowa tel. co.,l=Monona IA 52159-0835, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>David Byers</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO/Assistant Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-539-2122</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351230</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LYNNVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Christopher Ulmer</span></p>				<p><small>Digitally signed by Christopher Ulmer DN: cn=Christopher Ulmer, email=culmer@icorellc.com, O=lynnville telephone company, l= , Date: 5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Christopher Ulmer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">610-928-3903</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351232</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARMERS (MANILLA)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Conry</b></p>				<p><small>Digitally signed by Thomas Conry DN:cn=Thomas Conry,email=tcc@fmctc.com,O=farmers mutual cooperative tel co (defiance),l=Harlan IA 51537-0311, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Thomas Conry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-744-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351235</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MARNE &amp; ELK HORN TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Rachel Hamilton</span></p>				<p>Digitally signed by Rachel Hamilton DN:cn=Rachel Hamilton,email=rachel@metcteam.com,O=marne &amp; elk horn tel. co.,l=Walnut IA 51577, Date:5/18/2023</p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rachel Hamilton</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-784-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351237</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MARTELLE COOP ASSN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Hans Arwine</b></p>				<p><small>Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop. tel. assn.,l=Mechanicsville IA 52306, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Hans Arwine</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-432-7221</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351238</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MASSENA TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Klocke</span></p>				<p><small>Digitally signed by Mike Klocke DN:cn=Mike Klocke,email=mike@massenatelephone.com,O=massena tel. co.,l=Massena IA 50853, Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Klocke</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-779-2227</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351239</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MECHANICSVILLE TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Hans Arwine</b></p>				<p><small>Digitally signed by Hans Arwine DN:cn=Hans Arwine,email=mtco@netins.net,O=martelle coop. tel. assn.,l=Mechanicsville IA 52306, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Hans Arwine</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-432-7221</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351241</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MILES COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Boehde</span></p>				<p><small>Digitally signed by Scott Boehde DN:cn=Scott Boehde,email=scott@milestelephone.com,O=miles coop. tel. assn.,l= , Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Boehde</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-682-7111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351242</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MINBURN TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Debra Lucht</b></p>				<p><small>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecommunications, inc.,I=Minburn IA 50167, Date:5/19/2023</small></p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Debra Lucht</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-677-2264</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351245</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MINERVA VALLEY TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mary Phillips</span></p>				<p><small>Digitally signed by Mary Phillips DN:cn=Mary Phillips,email=mary@minervavalley.net,O=minerva valley tel. co., inc.,l=Zearing IA 50278-0176, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mary Phillips</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Business Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-487-7399</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351246</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier:      <b>MODERN COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Brenda Bowman</b></p>				<p><small>Digitally signed by Brenda Bowman DN:cn=Brenda Bowman,email=mctcfone@netins.net,O=modern coop. tel. co.,l=South English IA 52335, Date:5/24/2023</small></p> <p>Date:      <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee:      <b>Brenda Bowman</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>Assistant Manager/CFO</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>319-667-2375</b></p>					
Study Area Code of Reporting Carrier	<b>351247</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

**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 Mutual Tel Co of Morning Sun

Signature of authorized officer *Jeff R. Molle*

Date 5/24/23

Printed name of authorized officer Jeff R. Molle

Title or position of authorized officer Executive Vice President

Telephone number of authorized officer: (319) 868- 7636 , ext.

Study Area Code of Reporting Carrier 351250

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

June 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.**

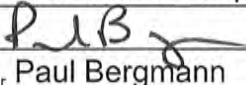
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MEDIAPOLIS TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Angie Rupe</span></p>				<p><small>Digitally signed by Angie Rupe DN:cn=Angie Rupe,email=arupe@mepotelco.net,O=mediapolis tel. co.,l=Mediapolis IA 52637, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Angie Rupe</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager &amp; CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-394-3456</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTH ENGLISH COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Reed Ostenberg</b></p>				<p><small>Digitally signed by Reed Ostenberg DN:cn=Reed Ostenberg,email=nenglish@netins.net,O=north english coop. tel. co.,l=North English IA 52316, Date:5/17/2023</small></p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Reed Ostenberg</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-664-3821</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351257</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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 Northwest Iowa Telephone				
Signature of authorized officer 		Date 05/23/2023		
Printed name of authorized officer Paul Bergmann				
Title or position of authorized officer GM				
Telephone number of authorized officer: (712) 271-4000, ext.				
Study Area Code of Reporting Carrier	351260	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHWEST IOWA TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Paul Bergmann</span></p>				<p><small>Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=pbergmann@longlines.biz,O=jordan soldier valley telephone company,l=Sergeant Bluff IA 51054, Date:7/25/2023</small></p>	
<p>Date: <span style="color: blue;">7/25/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Paul Bergmann</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-271-5535</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351260</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTHWEST COMM COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gary Petersen</span></p>				<p><small>Digitally signed by Gary Petersen DN:cn=Gary Petersen,email=gpetersen@ncn.net,O=ayrshire fmrs. mut. tel. co.,l= , Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gary Petersen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-776-2222</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351261</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COMM 1 NETWORK</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Yeakel</b></p>				<p><small>Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=goldfield tel. co.,l=Kanawha IA 50447, Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Randy Yeakel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-762-3772</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351262</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COMM 1 NETWORK</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Yeakel</b></p>				<p><small>Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=communications 1 network, inc.,l=Kanawha IA 50447, Date:7/20/2023</small></p> <p>Date: <b>7/20/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Randy Yeakel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-762-3772</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351262</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	<p></p>
<p><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.</b></p>					

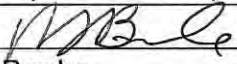
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>OGDEN TEL. CO.-IA</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Heckman</b></p>				<p><small>Digitally signed by James Heckman DN:cn=James Heckman,email=jheckman@ogdentc.com,O=ogden tel. co.-ia,/=Ogden IA 50212, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>James Heckman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager / Executive VP</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-275-2050</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351263</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OLIN TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Frank Wood</span></p>				<p><small>Digitally signed by Frank Wood DN:cn=Frank Wood,email=olintel@netins.net,O=olin tel. co., inc.,l=Olin IA 52320-0130, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Frank Wood</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-484-2200</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351264</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>				
<p>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).</p>				
Name of Reporting Carrier <b>Onslow Cooperative Telephone Assn.</b>				
Signature of authorized officer 			Date	<b>5/24/2023</b>
Printed name of authorized officer <b>Russ Benke</b>				
Title or position of authorized officer <b>General Manager</b>				
Telephone number of authorized officer: <b>(563) 485-2833</b>				
Study Area Code of Reporting Carrier	<b>351265</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</b>	
<p>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.</p>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ORAN MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Barb Gruetzmacher</span></p>				<p><small>Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Barb Gruetzmacher</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-638-6006</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351266</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ORAN MUTUAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Barb Gruetzmacher</span></p>				<p><small>Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel. co.,l= , Date: 7/21/2023</small></p>	
<p>Date: <span style="color: blue;">7/21/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Barb Gruetzmacher</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-638-6006</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351266</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PALO COOPERATIVE TELEPHONE ASSOCIATION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Erin Petersen</b></p>				<p><small>Digitally signed by Erin Petersen DN:cn=Erin Petersen,email=erin@palocommunications.net,O=palo cooperative telephone association, =Palo IA 52324, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Erin Petersen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-851-3431</b></p>					
Study Area Code of Reporting Carrier	<b>351269</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">PALMER MUTUAL TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steve Pelz</span>				<small>Digitally signed by Steve Pelz DN:cn=Steve Pelz,email=spelz@palmerone.com,O=palmer mutual tel. co.,l=Palmer IA 50571, Date:5/18/2023</small> Date: <span style="color: blue;">5/18/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Steve Pelz</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Compliance Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">712-359-2411</span>					
Study Area Code of Reporting Carrier	351270		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PALMER MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steve Pelz</b></p>				<p><small>Digitally signed by Steve Pelz DN:cn=Steve Pelz,email=spelz@palmerone.com,O=palmer mutual tel. co.,l=Palmer IA 50571, Date:7/21/2023</small></p>	
<p>Date: <b>7/21/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steve Pelz</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-359-2411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351270</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PANORA COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Andrew Randol</b></p>				<p><small>Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora communications cooperative,l=Panora IA 50216, Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Andrew Randol</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-755-2424</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351271</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PANORA COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Andrew Randol</b></p>				<p><small>Digitally signed by Andrew Randol DN:cn=Andrew Randol,email=andrewrandol@panoratelco.com,O=panora communications cooperative,l=Panora IA 50216, Date:7/20/2023</small></p> <p>Date: <b>7/20/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Andrew Randol</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-755-2424</b></p>					
Study Area Code of Reporting Carrier	<b>351271</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p><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.</b></p>					

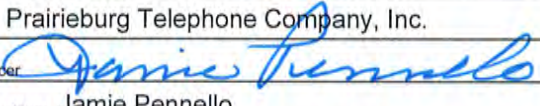
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>PEOPLES TEL CO - IA</b>					
Signature of Authorized Officer or employee: <b>Curt Kawlewski</b>				<small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date: 5/22/2023</small> Date: <b>5/22/2023</b>	
Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b>					
Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer or employee: <b>507-233-4172</b>					
Study Area Code of Reporting Carrier	<b>351273</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TEL CO - IA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date:7/24/2023</small></p> <p>Date: <b>7/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351273</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	<p></p>
<p><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.</b></p>					

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 Prairieburg Telephone Company, Inc.				
Signature of authorized officer 		Date 05/31/23		
Printed name of authorized officer Jamie Pennello				
Title or position of authorized officer Vice President of Accounting				
Telephone number of authorized officer: (580) 529-8500				
Study Area Code of Reporting Carrier	351275		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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PRESTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">MaryBeth Heister</span></p>				<p><small>Digitally signed by MaryBeth Heister DN:cn=MaryBeth Heister,email=mary@prestontelephone.com,O=preston tel. co.,l=Preston IA 52069-0167, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">MaryBeth Heister</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-689-3811</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351276</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RADCLIFFE TEL. CO., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Edwin Drake</span></p>				<p><small>Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@radcliffetelephone.com,O=radcliffe tel. co., inc.,l=Radcliffe IA 50230-0140, Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Edwin Drake</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager/President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-899-2341</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351277</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RINGSTED TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aaron McCartan</span></p>				<p><small>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@ringtelco.com,O=ringsted tel. co.,l=Ringsted IA 50578, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Aaron McCartan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-866-8000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351280</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCKWELL COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Severin</span></p>				<p><small>Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop. tel. assn.,l=Rockwell IA 50469, Date:5/19/2023</small></p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Severin</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Mgr/Assist Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-822-3212</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351282</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ROYAL TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Noah</span>				<small>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@royaltelco.com,O=royal tel. co.,I=Royal IA 51357, Date:5/26/2023</small>  Date: <span style="color: blue;">5/26/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">John Noah</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CCO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">712-933-2615</span>					
Study Area Code of Reporting Carrier	351283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>RIVER VALLEY-RUTHVEN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ivan Dalen</b></p>				<p><small>Digitally signed by Ivan Dalen DN:cn=Ivan Dalen,email=idalen@rvtc.co,O=river valley telecommunications coop.,l=Graettinger IA 51342, Date:5/19/2023</small></p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ivan Dalen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-859-3300</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351284</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SAC COUNTY MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ronald Sorensen</b></p>				<p><small>Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc_manager@netins.net,O=sac county mutual tel. co.,l=Odebolt IA 51458, Date:5/23/2023</small></p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ronald Sorensen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Compliance Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-668-2200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351285</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SCHALLER TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Missy Kestel</b></p>				<p>Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel. co.,l=Schaller IA 51053, Date:5/26/2023</p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Missy Kestel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-275-4211</b></p>					
Study Area Code of Reporting Carrier	<b>351291</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier:      <b>SEARSBORO TEL CO</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Christopher Ulmer</b></p>				<p><small>Digitally signed by Christopher Ulmer DN: cn=Christopher Ulmer, email=culmer@icorellc.com, O=lynnville telephone company, l= , Date: 5/18/2023</small></p> <p>Date:      <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee:      <b>Christopher Ulmer</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>610-928-3903</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351292</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>SHARON TEL. CO.</b>					
Signature of Authorized Officer or employee: <b>Scott Havel</b> <small>Digitally signed by Scott Havel DN:cn=Scott Havel,email=sharontc@sharontc.net,O=sharon tel. co.,l=Hills IA 52235, Date:5/19/2023</small>				Date: <b>5/19/2023</b>	
Printed name of Authorized Officer or employee: <b>Scott Havel</b>					
Title or position of Authorized Officer or employee: <b>General manager</b>					
Telephone number of Authorized Officer or employee: <b>319-679-2211</b>					
Study Area Code of Reporting Carrier	<b>351293</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SCRANTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Allen Jacob</span></p>				<p><small>Digitally signed by Allen Jacob DN:cn=Allen Jacob,email=allenjacob@netins.net,O=scranton tel. co.,l=Scranton IA 51462, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Allen Jacob</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-652-3355</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351294</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SCRANTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Allen Jacob</span></p>				<p><small>Digitally signed by Allen Jacob DN:cn=Allen Jacob,email=allenjacob@netins.net,O=scranton tel. co.,l=Scranton IA 51462, Date:7/21/2023</small></p> <p>Date: <span style="color: blue;">7/21/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Allen Jacob</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-652-3355</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351294</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTH SLOPE COOP TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chuck Deisbeck</b></p>				<small>Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop. tel. co.,l= , Date:5/22/2023</small>  <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Chuck Deisbeck</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-626-2211</b></p>					
Study Area Code of Reporting Carrier	<b>351298</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

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<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <b>FMTC-I35 (SWT)</b></p>					
<p>Signature of Authorized Officer or employee: <b>Josh Hveem</b></p>				<p><small>Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs, n=Truro IA 50257, Date:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Josh Hveem</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-765-4201</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351301</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

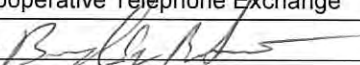
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <span style="color: blue;">SPRINGVILLE COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kim Snitker</span></p>				<p><small>Digitally signed by Kim Snitker DN:cn=Kim Snitker,email=springvl@netins.net,O=springville coop. tel. assn.,l=Springville IA 52336-0009, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kim Snitker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer/ Executive Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-854-6107</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351302</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRINGVILLE COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kim Snitker</span></p>				<p><small>Digitally signed by Kim Snitker DN:cn=Kim Snitker,email=springvl@netins.net,O=springville coop. tel. assn.,l=Springville IA 52336-0009, Date:7/21/2023</small></p> <p>Date: <span style="color: blue;">7/21/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kim Snitker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer/ Executive Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-854-6107</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351302</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

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 Cooperative Telephone Exchange			
Signature of authorized officer 		Date	5-17-23
Printed name of authorized officer Bradley Schmidt			
Title or position of authorized officer President			
Telephone number of authorized officer: (515) 826-3206 Ext.			
Study Area Code of Reporting Carrier	351303	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <span style="color: blue;">SO. SLOPE-SWISHER</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chuck Deisbeck</span></p>				<p><small>Digitally signed by Chuck Deisbeck DN:cn=Chuck Deisbeck,email=chuck.deisbeck@southslope.com,O=south slope coop. tel. co.,l= , Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Chuck Deisbeck</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-626-2211</span></p>					
Study Area Code of Reporting Carrier	351304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STRATFORD MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jen Frank</b></p>				<p><small>Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel. co.,l=Stratford IA 50249, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jen Frank</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant Secretary/Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-838-2390</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351305</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">SULLY TEL. ASSOC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Earl "Jack" De Angelo</span>				<small>Digitally signed by Earl "Jack" De Angelo DN:cn=Earl "Jack" De Angelo,email=jackd@sullytel.com,O=sully tel. assoc.,l=Sully IA 50251, Date:5/17/2023</small> Date: <span style="color: blue;">5/17/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Earl "Jack" De Angelo</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">641-594-2905</span>					
Study Area Code of Reporting Carrier	351306		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

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<p>Name of Reporting Carrier: <span style="color: blue;">SUPERIOR TEL. COOP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Cheryl Noble</span></p>				<p><small>Digitally signed by Cheryl Noble DN:cn=Cheryl Noble,email=cnoble@netins.net,O=superior tel. coop.,l=Superior IA 51363, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Cheryl Noble</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-858-4591</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351307</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <b>TEMPLETON TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Joe Behrens</b></p>				<p><small>Digitally signed by Joe Behrens DN:cn=Joe Behrens,email=joebehrens2@netins.net,O=templeton tel. co.,l= , Date:5/23/2023</small></p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Joe Behrens</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Board Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-669-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351308</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
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<p>Name of Reporting Carrier: <b>TERRIL TELEPHONE COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Noah</b></p>				<p><small>Digitally signed by John Noah DN:cn=John Noah,email=jnoah@terril.com,O=terril telephone cooperative,l=Terril IA 51364, Date:5/26/2023</small></p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Noah</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CCO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-853-1300</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351309</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
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<p>Name of Reporting Carrier: <b>TITONKA TEL. CO. DBA TITONKA-BURT COMM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aaron McCartan</b></p>				<p><small>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@tbctel.com,O=titonka tel. co. dba titonka-burt comm,l=Titonka IA 50480-0321, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Aaron McCartan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-928-2110</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351310</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>Name of Reporting Carrier: <b>TITONKA TEL. CO. DBA TITONKA-BURT COMM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aaron McCartan</b></p>				<p><small>Digitally signed by Aaron McCartan DN:cn=Aaron McCartan,email=aaron@tbctel.com,O=titonka tel. co. dba titonka-burt comm,l=Titonka IA 50480-0321, Date:7/24/2023</small></p> <p>Date: <b>7/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Aaron McCartan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-928-2110</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351310</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <span style="color: blue;">UNITED FARMERS TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Roxanne White</span></p>				<p><small>Digitally signed by Roxanne White DN:cn=Roxanne White,email=rwhite@evertek.net,O=united farmers tel. co.,l=Every IA 51338, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Roxanne White</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-834-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351316</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>VAN BUREN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Monte Hagge</b></p>				<p><small>Digitally signed by Monte Hagge DN:cn=Monte Hagge,email=montehagge@netins.net,O=van buren tel. co., inc.,l= , Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Monte Hagge</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-293-3187</b></p>					
Study Area Code of Reporting Carrier	<b>351319</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>VAN BUREN TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Monte Hagge</b></p>				<p><small>Digitally signed by Monte Hagge DN:cn=Monte Hagge,email=montehagge@netins.net,O=van buren tel. co., inc.,l= , Date:7/20/2023</small></p> <p>Date: <b>7/20/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Monte Hagge</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-293-3187</b></p>					
Study Area Code of Reporting Carrier	<b>351319</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VAN HORNE COOP. TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kristyn Frazier</span></p>				<p><small>Digitally signed by Kristyn Frazier DN:cn=Kristyn Frazier,email=vanhorne@netins.net,O=van horne coop. tel. co.,l=Van Horne IA 52346-0096, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kristyn Frazier</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-228-8791</span></p>					
Study Area Code of Reporting Carrier	351320		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VENTURA TEL CO, INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Thomas Lovell</span></p>				<p><small>Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel. co.,inc.,l=Clear Lake IA 50428-0066, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Thomas Lovell</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">641-357-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351322</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEBSTER-CALHOUN COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Daryl Carlson</span></p>				<p><small>Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=daryl@wccta.com,O=webster-calhoun coop. tel. assn.,l=Gowrie IA 50543-0475, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Daryl Carlson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">515-352-3151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351328</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WELLMAN COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dion Schminke</span></p>				<p><small>Digitally signed by Dion Schminke DN:cn=Dion Schminke,email=dion.s@wellmantelephone.com,O=wellman coop. tel. assn.,l=Wellman IA 52356-0170, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dion Schminke</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager, COO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-646-6075</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351329</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST IOWA TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Robert Gannon</span></p>				<p><small>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel. co.,l=Remsen IA 51050-0330, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Robert Gannon</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-786-5572</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351331</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST LIBERTY TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Justin Stinson</span></p>				<p><small>Digitally signed by Justin Stinson DN:cn=Justin Stinson,email=stinson@corp.Lcom.net,O=west liberty tel. co.,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Justin Stinson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">319-627-0218</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351332</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTERN IOWA TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Heath Mallory</span></p>				<p><small>Digitally signed by Heath Mallory DN:cn=Heath Mallory,email=heath.mallory@wiatel.com,O=western iowa tel. assn.,l=Lawton IA 51030-0038, Date:5/25/2023</small></p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Heath Mallory</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-944-5711</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351334</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTERN IOWA TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Heath Mallory</span></p>				<p><small>Digitally signed by Heath Mallory DN:cn=Heath Mallory,email=heath.mallory@wiatel.com,O=western iowa tel. assn.,l=Lawton IA 51030-0038, Date:7/24/2023</small></p> <p>Date: <span style="color: blue;">7/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Heath Mallory</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-944-5711</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351334</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier:      <b>WESTSIDE INDEPENDENT</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Kevin Skinner</b></p>				<p><small>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=kskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/22/2023</small></p>	
<p>Date:      <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Kevin Skinner</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>712-673-2311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351335</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Peterson</span></p>				<p><small>Digitally signed by Mark Peterson DN:cn=Mark Peterson,email=mwp@wtccommunications.com,O=wilton tel. co.,l=Wilton IA 52778-0970, Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Peterson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">563-732-3000</span></p>					
Study Area Code of Reporting Carrier	351336		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WOOLSTOCK MUT. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chris Simmons</b></p>				<small>Digitally signed by Chris Simmons DN:cn=Chris Simmons,email=chris@wmtel.net,O=woolstock mut. tel. assn.,l= , Date:5/17/2023</small>  <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Chris Simmons</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-839-5571</b></p>					
Study Area Code of Reporting Carrier	<b>351342</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WYOMING MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kelly Brodersen</b></p>				<p><small>Digitally signed by Kelly Brodersen DN:cn=Kelly Brodersen,email=wyoming@netins.net,O=wyoming mutual tel. co.,l=Wyoming IA 52362, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kelly Brodersen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Board Secretary/Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-488-2535</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351343</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WYOMING MUTUAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kelly Brodersen</b></p>				<p><small>Digitally signed by Kelly Brodersen DN:cn=Kelly Brodersen,email=wyoming@netins.net,O=wyoming mutual tel. co.,l=Wyoming IA 52362, Date:7/21/2023</small></p> <p>Date: <b>7/21/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kelly Brodersen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Board Secretary/Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>563-488-2535</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>351343</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PRAIRIE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Skinner</b></p>				<p>Digitally signed by Kevin Skinner DN:cn=Kevin Skinner,email=ksskinner@westianet.com,O=westside indp. tel. co.,l=Breda IA 51436-0109, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kevin Skinner</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-673-2311</b></p>					
Study Area Code of Reporting Carrier	<b>351344</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS IA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351405</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS IA</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kari Flanagan</span>				<small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,l=Garretson SD 57030, Date:7/24/2023</small>  Date: <span style="color: blue;">7/24/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span>					
Study Area Code of Reporting Carrier	351405		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KILLDUFF TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Christopher Ulmer</span></p>				<p><small>Digitally signed by Christopher Ulmer DN: cn=Christopher Ulmer, email=culmer@icorellc.com, O=lynnville telephone company, Inc., Date: 5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Christopher Ulmer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">610-928-3903</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351407</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MABEL COOP TEL-IA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Julie Kolka</b></p>				<p><small>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabtel.coop,O=mabel coop. tel. co.-ia, =Mabel MN 55954, Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Julie Kolka</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-493-5411</b></p>					
Study Area Code of Reporting Carrier	<b>351424</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ACE TEL ASSN-MN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michael Osborne</span></p>				<p><small>Digitally signed by Michael Osborne DN:cn=Michael Osborne,email=mosborne@acentek.net,O=ace tel. co. of mi, inc.,l=Houston MN 55943, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Michael Osborne</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">616-892-0123</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361346</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALBANY MUTUAL TEL. ASSN., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jared Johnson</span></p>				<p><small>Digitally signed by Jared Johnson DN:cn=Jared Johnson,email=jared.johnson@albanytel.net,O=albany mutual tel. assn., inc.,l= , Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jared Johnson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-845-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361347</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILDERNESS VALLEY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Shane Young</span></p>				<p><small>Digitally signed by Shane Young DN:cn=Shane Young,email=Shane@northerntelephone.net,O=wilderness valley telephone company, inc., Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Shane Young</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-488-6565</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361348</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CITY OF BARNESVILLE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Guy Swenson</span></p>				<p><small>Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=tecmanager@barnesvillemn.com,O=city of barnesville tel. co.,l=Barnesville MN 56514, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Guy Swenson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">TEC Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-354-2292</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361353</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BENTON COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cheryl Scapanski</b></p>				<p><small>Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop. tel. co.,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Cheryl Scapanski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-393-2115</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361356</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CALLAWAY TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361365</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <span style="color: blue;">CALLAWAY TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:7/21/2023</small></p> <p>Date: <span style="color: blue;">7/21/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361365</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLARA CITY TEL EXCH</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, l= , Date: 5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span></p>					
Study Area Code of Reporting Carrier	361370		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLARA CITY TEL EXCH</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:7/24/2023</small></p> <p>Date: <span style="color: blue;">7/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361370</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CLEMENTS TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361372</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CLEMENTS TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span>				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:7/21/2023</small>  Date: <span style="color: blue;">7/21/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span>					
Study Area Code of Reporting Carrier	361372		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TEL. CO.-MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Greg Springer</b></p>				<p><small>Digitally signed by Greg Springer DN:cn=Greg Springer,email=greg@gotc.com,O=consolidated tel. co.-mn,l=Brainerd MN 56401, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Greg Springer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-454-1128</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361373</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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				Dunnell Telephone Company	
Signature of authorized officer			Date		5/18/2023
Printed name of authorized officer			Charles Mattingly		
Title or position of authorized officer			President		
Telephone number of authorized officer:			903 663-0099		
Study Area Code of Reporting Carrier		361381		Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EMILY COOP TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Josh Netland</span></p>				<p><small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop. tel. co.,l=Emily MN 56447, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Josh Netland</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-763-3000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361387</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <span style="color: blue;">EMILY COOP TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Josh Netland</span></p>				<p><small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop. tel. co.,l=Emily MN 56447, Date:7/20/2023</small></p> <p>Date: <span style="color: blue;">7/20/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Josh Netland</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-763-3000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361387</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL. CO.-BELLINGHAM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Beyer</b></p>				<p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel. co.-bellingham,lc=, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-568-2105</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361389</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <b>FEDERATED TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Beyer</b></p>				<p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel. coop.,l=Chokio MN 56221, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-324-7111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361390</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <b>GARDEN VALLEY TEL. CO. dba GARDEN VALLEY TECH</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steve Mueller</b></p>				<p><small>Digitally signed by Steve Mueller DN:cn=Steve Mueller,email=steve.mueller@gvtel.net,O=garden valley tel. co. dba garden valley tech,I=Erskine MN 56535, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Steve Mueller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-687-2400</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361395</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <b>GARDEN VALLEY TEL. CO. dba GARDEN VALLEY TECH</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steve Mueller</b></p>				<p><small>Digitally signed by Steve Mueller DN:cn=Steve Mueller,email=steve.mueller@gvtel.net,O=garden valley tel. co. dba garden valley tech,I=Erskine MN 56535, Date:7/26/2023</small></p> <p>Date: <b>7/26/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Steve Mueller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-687-2400</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361395</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
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<p>Name of Reporting Carrier: <span style="color: blue;">GARDONVILLE COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Wolf</span></p>				<p><small>Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop. tel. assn.,l= , Date:5/25/2023</small></p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Wolf</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO and General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-524-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361396</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <span style="color: blue;">GARDONVILLE COOP. TEL. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Wolf</span></p>				<p><small>Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop. tel. assn.,l= , Date:7/20/2023</small></p> <p>Date: <span style="color: blue;">7/20/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Wolf</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO and General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-524-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361396</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
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<p>Name of Reporting Carrier: <span style="color: blue;">HALSTAD TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Forseth</span></p>				<p><small>Digitally signed by Mark Forseth DN:cn=Mark Forseth, email=markforseth@rrv.net,O=halstad tel. co.,l=Halstad MN 56548-0055, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Forseth</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-456-2125</span></p>					
Study Area Code of Reporting Carrier	361401		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p>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.</p>					

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<p>Name of Reporting Carrier: <span style="color: blue;">HALSTAD TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Forseth</span></p>				<p><small>Digitally signed by Mark Forseth DN:cn=Mark Forseth, email=markforseth@rrv.net,O=halstad tel. co.,l=Halstad MN 56548-0055, Date:7/24/2023</small></p> <p>Date: <span style="color: blue;">7/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Forseth</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-456-2125</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361401</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
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<p>Name of Reporting Carrier: <b>FEDERATED TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Beyer</b></p>				<p><small>Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=federated tel. coop.,l=Chokio MN 56221, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kevin Beyer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-324-7111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361403</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
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<p>Name of Reporting Carrier: <span style="color: blue;">HARMONY TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Jill Huffman</span></p>				<p><small>Digitally signed by Jill Huffman DN:cn=Jill Huffman,email=jill@sgc-coop.com,O=harmony telephone company, llc,l=Spring Grove MN 55974-0516, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jill Huffman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-498-3456</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361404</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
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<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS MN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361405</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
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<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS MN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,l=Garretson SD 57030, Date:7/24/2023</small></p> <p>Date: <span style="color: blue;">7/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361405</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
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<p>Name of Reporting Carrier: <span style="color: blue;">HOME TEL CO - MN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span></p>					
Study Area Code of Reporting Carrier	361408		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HOME TEL CO - MN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:7/21/2023</small></p> <p>Date: <span style="color: blue;">7/21/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361408</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HUTCHINSON TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date: 5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361409</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HUTCHINSON TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>				<small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date:7/24/2023</small>  <p>Date: <b>7/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-233-4172</b></p>					
Study Area Code of Reporting Carrier	<b>361409</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p><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.</b></p>					

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 Johnson Telephone Company			
Signature of authorized officer <i>Dwayne Johnson</i>		Date	05-26-2023
Printed name of authorized officer Dwayne Johnson			
Title or position of authorized officer Vice President			
Telephone number of authorized officer: (218) 566-2302			
Study Area Code of Reporting Carrier	361410	Filing Due Date for this form (mm/dd/yyyy)	June 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 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				Johnson Telephone Company	
Signature of authorized officer					Date
Printed name of authorized officer			Dwayne Johnson Company		
Title or position of authorized officer			Vice President		
Telephone number of authorized officer:			(218) 566-2302		
Study Area Code of Reporting Carrier		361410	Filing Due Date for this form (mm/dd/yyyy)	July 31, 2023	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KASSON &amp; MANTORVILLE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Beth Tollefson</b></p>				<p><small>Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson &amp; mantorville tel. co.,l= , Date:5/31/2023</small></p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Beth Tollefson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-634-2511</b></p>					
Study Area Code of Reporting Carrier	<b>361412</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LISMORE COOPERATIVE TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tarri Joens</span></p>				<p><small>Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretele.com,O=lismore cooperative telephone co.,l=Lismore MN 56155-0127, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tarri Joens</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-472-8748</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361419</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LISMORE COOPERATIVE TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tarri Joens</span></p>				<p><small>Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretele.com,O=lismore cooperative telephone co.,l=Lismore MN 56155-0127, Date:7/24/2023</small></p>	
<p>Date: <span style="color: blue;">7/24/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tarri Joens</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Office Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-472-8748</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361419</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RUNESTONE TEL ASSN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;"><b>Kent Hedstrom</b></span></p>				<p><small>Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent.hedstrom@runestone.com,O=runestone tel. assn.,l=Hoffman MN 56339-0336, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kent Hedstrom</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-986-2013</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361423</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RUNESTONE TEL ASSN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kent Hedstrom</span></p>				<p><small>Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent.hedstrom@runestone.com,O=runestone telephone association,l=Hoffman MN 56339-0336, Date:7/25/2023</small></p>	
<p>Date: <span style="color: blue;">7/25/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kent Hedstrom</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-986-2013</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361423</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MABEL COOP TEL - MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Julie Kolka</b></p>				<p><small>Digitally signed by Julie Kolka DN:cn=Julie Kolka,email=juliekolka@mabeltel.coop,O=mabel coop. tel. co.-ia, =Mabel MN 55954, Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Julie Kolka</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-493-5411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361424</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>CHRISTENSEN COMMUNICATIONS COMPANY</b>					
Signature of Authorized Officer or employee: <b>Glen Christensen</b>				<small>Digitally signed by Glen Christensen DN:cn=Glen Christensen,email=glenc@chriscomco.net,O=christensen communications company,l= , Date:5/23/2023</small> Date: <b>5/23/2023</b>	
Printed name of Authorized Officer or employee: <b>Glen Christensen</b>					
Title or position of Authorized Officer or employee: <b>President/CEO</b>					
Telephone number of Authorized Officer or employee: <b>507-642-5555</b>					
Study Area Code of Reporting Carrier	<b>361425</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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.					

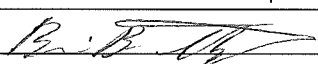
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHRISTENSEN COMMUNICATIONS COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Glen Christensen</b></p>				<p>Digitally signed by Glen Christensen DN:cn=Glen Christensen,email=glenc@chriscomco.net,O=christensen communications company,l= , Date:7/24/2023</p>	
<p>Date: <b>7/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Glen Christensen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-642-5555</b></p>					
Study Area Code of Reporting Carrier	<b>361425</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p>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.</p>					

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				Manchester-Hartland Telephone Company	
Signature of authorized officer				Date	5/19/2023
Printed name of authorized officer		Brian Thompson			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(507) 826-3212 ext.			
Study Area Code of Reporting Carrier	361426	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MELROSE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361430</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">MELROSE TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span>				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:7/21/2023</small>  Date: <span style="color: blue;">7/21/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span>					
Study Area Code of Reporting Carrier	361430		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MIDWEST TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361431</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDWEST TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:7/21/2023</small></p> <p>Date: <span style="color: blue;">7/21/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361431</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MINNESOTA VALLEY TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Danny Busche</span></p>				<p><small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=minnesota valley tel. co. inc.,l=Franklin MN 55333, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Danny Busche</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-557-2275</span></p>					
Study Area Code of Reporting Carrier	361439		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MINNESOTA VALLEY TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Danny Busche</span></p>				<p><small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=minnesota valley tel. co. inc.,l=Franklin MN 55333, Date:7/21/2023</small></p> <p>Date: <span style="color: blue;">7/21/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Danny Busche</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-557-2275</span></p>					
Study Area Code of Reporting Carrier	361439		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: <b>NUVERA COMM.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>				<p>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date: 5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-233-4172</b></p>					
Study Area Code of Reporting Carrier	<b>361442</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NUVERA COMM.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>					<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date:7/24/2023</small></p>
<p>Date: <b>7/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361442</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: <b>LORETEL SYSTEMS, INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
Study Area Code of Reporting Carrier	<b>361443</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LORETEL SYSTEMS, INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:7/21/2023</small></p> <p>Date: <b>7/21/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361443</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <b>PARK REGION MUTUAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Bickett</b></p>				<p><small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:5/19/2023</small></p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-826-6161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361450</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: <b>PARK REGION MUTUAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Bickett</b></p>				<p>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:7/21/2023</p>	
<p>Date: <b>7/21/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-826-6161</b></p>					
Study Area Code of Reporting Carrier	<b>361450</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p>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.</p>					

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<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <b>PAUL BUNYAN RURAL TEL. COOP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Schultz</b></p>				<p><small>Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural tel. coop.,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dave Schultz</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-444-1141</b></p>					
Study Area Code of Reporting Carrier	<b>361451</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>Name of Reporting Carrier: <b>PAUL BUNYAN RURAL TEL. COOP.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Schultz</b></p>				<p><small>Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural tel. coop.,l= , Date:7/24/2023</small></p> <p>Date: <b>7/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dave Schultz</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-444-1141</b></p>					
Study Area Code of Reporting Carrier	<b>361451</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <b>REDWOOD COUNTY TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Staci Malikowski</b></p>				<p><small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Staci Malikowski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-346-8498</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361472</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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Name of Reporting Carrier: <span style="color: blue;">REDWOOD COUNTY TEL</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Staci Malikowski</span>				<small>Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:7/21/2023</small>  Date: <span style="color: blue;">7/21/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Staci Malikowski</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-346-8498</span>					
Study Area Code of Reporting Carrier	361472		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <b>ROTHSAY TEL CO, INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Bickett</b></p>				<p><small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:5/19/2023</small></p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-826-6161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361474</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <b>ROTHSAY TEL CO, INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Bickett</b></p>				<p>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtel.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:7/21/2023</p>	
<p>Date: <b>7/21/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-826-6161</b></p>					
Study Area Code of Reporting Carrier	<b>361474</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>Name of Reporting Carrier: <b>RUNESTONE TEL ASSN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kent Hedstrom</b></p>				<p><small>Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent.hedstrom@runestone.com,O=runestone tel. assn.,l=Hoffman MN 56339-0336, Date:5/24/2023</small></p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kent Hedstrom</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-986-2013</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361475</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RUNESTONE TEL ASSN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kent Hedstrom</span></p>				<p><small>Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent.hedstrom@runestone.com,O=runestone telephone association,l=Hoffman MN 56339-0336, Date:7/25/2023</small></p> <p>Date: <span style="color: blue;">7/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kent Hedstrom</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-986-2013</span></p>					
Study Area Code of Reporting Carrier	361475		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SACRED HEART TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361476</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SACRED HEART TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:7/24/2023</small></p> <p>Date: <b>7/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361476</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SCOTT RICE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Curt Kawlewski</span></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date: 5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-233-4172</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361479</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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				Scott Rice Telephone Company	
Signature of authorized officer				Date	12/5/2023
Printed name of authorized officer		Curtis Kawlewski			
Title or position of authorized officer		Chief Financial Officer			
Telephone number of authorized officer:		(507) 354-4111, ext.			
Study Area Code of Reporting Carrier	361479	Filing Due Date for this form (mm/dd/yyyy)	December 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SLEEPY EYE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Curt Kawlewski</span></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date: 5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-233-4172</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361483</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SLEEPY EYE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Curt Kawlewski</b></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date:7/24/2023</small></p> <p>Date: <b>7/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Curt Kawlewski</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-233-4172</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361483</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRING GROVE COMM.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Jill Huffman</span></p>				<p><small>Digitally signed by Jill Huffman DN:cn=Jill Huffman,email=jill@sgc-coop.com,O=harmony telephone company, llc,l=Spring Grove MN 55974-0516, Date:5/25/2023</small></p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jill Huffman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-498-3456</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361485</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">STARBUCK TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span>				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc, Date:5/22/2023</small>  Date: <span style="color: blue;">5/22/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span>					
Study Area Code of Reporting Carrier	361487		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">STARBUCK TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:7/24/2023</small></p> <p>Date: <span style="color: blue;">7/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361487</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>UPSALA COOPERATIVE TELEPHONE ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tony Gebhard</b></p>				<small>Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala cooperative telephone assn.,l=Upsala MN 56384, Date:5/19/2023</small> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tony Gebhard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-573-1390</b></p>					
Study Area Code of Reporting Carrier	<b>361494</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">VALLEY TEL CO - MN</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dave Bickett</span>				<small>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@ptel.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:5/19/2023</small> Date: <span style="color: blue;">5/19/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dave Bickett</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">218-826-6161</span>					
Study Area Code of Reporting Carrier	361495		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>VALLEY TEL CO - MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Bickett</b></p>				<p>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@ptel.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:7/21/2023</p>	
<p>Date: <b>7/21/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-826-6161</b></p>					
Study Area Code of Reporting Carrier	<b>361495</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: TRI-CO/CROSSLAKE					
Signature of Authorized Officer or employee: Josh Netland <div> <small>Digitally signed by Josh Netland DN:cn=Josh Netland,email=jnetland@emily.net,O=emily coop. tel. co.,l=Emily MN 56447, Date:5/18/2023</small> </div>				Date: 5/18/2023	
Printed name of Authorized Officer or employee: Josh Netland					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 218-763-3000					
Study Area Code of Reporting Carrier	361499		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHERN TEL CO - MN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shane Young</b></p>				<p><small>Digitally signed by Shane Young DN:cn=Shane Young,email=Shane@northerntelephone.net,O=wilderness valley telephone company, inc., Date:5/30/2023</small></p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shane Young</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-488-6565</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>361500</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST CENTRAL TELEPHONE ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chad Bullock</span></p>				<p><small>Digitally signed by Chad Bullock DN:cn=Chad Bullock,email=chadb@wcta.net,O=west central telephone assn.,l=Sebeka MN 56477, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Chad Bullock</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO-GM</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">218-837-5151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361501</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTERN TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Curt Kawlewski</span></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date: 5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-233-4172</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361502</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

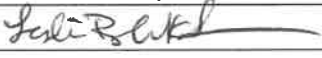
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTERN TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Curt Kawlewski</span></p>				<p><small>Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date:7/24/2023</small></p> <p>Date: <span style="color: blue;">7/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Curt Kawlewski</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-233-4172</span></p>					
Study Area Code of Reporting Carrier	361502		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
<p><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.</b></p>					

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 <b>Wikstrom Telephone Co. Inc</b>			
Signature of authorized officer 		Date <b>05/26/2023</b>	
Printed name of authorized officer <b>Leslie B Wikstrom</b>			
Title or position of authorized officer <b>Vice President</b>			
Telephone number of authorized officer: <b>(218) 436-2121</b>			
Study Area Code of Reporting Carrier	<b>361505</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</b>
<p><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.</b></p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WINTHROP TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Danny Busche</span></p>				<p><small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=winthrop tel. co.,l=Franklin MN 55333, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Danny Busche</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-557-2275</span></p>					
Study Area Code of Reporting Carrier	361508		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WINTHROP TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Danny Busche</span></p>				<p><small>Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannybusche@live.com,O=winthrop tel. co.,l=Franklin MN 55333, Date:7/21/2023</small></p> <p>Date: <span style="color: blue;">7/21/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Danny Busche</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-557-2275</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361508</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

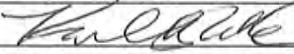
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WOODSTOCK TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Terry Nelson</b></p>				<p>Digitally signed by Terry Nelson DN:cn=Terry Nelson,email=terry.nelson@woodstocktel.net,O=woodstock telephone company,l=Ruthon MN 56170, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Terry Nelson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>507-658-3830</b></p>					
Study Area Code of Reporting Carrier	<b>361510</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

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					Wolverton Telephone Co.					
Signature of authorized officer						Date		5/17/2023		
Printed name of authorized officer				Karl Blake						
Title or position of authorized officer				Executive Vice President						
Telephone number of authorized officer:				(701) 284-7221						
Study Area Code of Reporting Carrier			361512		Filing Due Date for this form (mm/dd/yyyy)		June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ZUMBROTA TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove,lc, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361515</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ZUMBROTA TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:7/24/2023</small></p> <p>Date: <span style="color: blue;">7/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361515</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTERSTATE TELECOMM.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Tracy Bandemer</span></p>				<p><small>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=tracy.bandemer@itccoop.com,O=interstate telecommunications coop., inc.-mn,l=Clear Lake SD 57226-0920, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tracy Bandemer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/ General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-874-2181</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">361654</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ARAPAHOE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Koller</b></p>				<p><small>Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.com,O=arapahoe telephone company,l=Arapahoe NE 68922, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>John Koller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP Operations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-962-7298</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371516</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ELSIE COMM., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Shipley</span></p>				<p><small>Digitally signed by David Shipley DN: cn=David Shipley, email=dshipley@ghvalley.net, O=elsie communications, inc., I=Colorado City CO 81019, Date: 5/21/2023</small></p>	
<p>Date: <span style="color: blue;">5/21/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Shipley</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">866-542-6780</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371518</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THREE RIVER TELCO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Dorf</b></p>				<p><small>Digitally signed by Steven Dorf DN:cn=Steven Dorf,email=sdorf@threerivertelco.com,O=three river telco,l=Lynch NE 68746-0066, Date:5/19/2023</small></p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steven Dorf</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-569-2666</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371525</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAMBRIDGE TEL CO -NE</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">J. Shoemaker</span></p>				<p>Digitally signed by J. Shoemaker DN:cn=J. Shoemaker,email=tom.shoemaker@pnpt.com,O=cambridge telephone company - ne,l=Cambridge NE 69022, Date:5/30/2023</p>	
<p>Date: <span style="color: blue;">5/30/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">J. Shoemaker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">V P Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">308-697-3333</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371526</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CONSOLIDATED TELCO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Wendy Thompson Fast</span></p>				<p><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco, inc.,l=Lincoln NE 68506-0147, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Wendy Thompson Fast</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-489-2728</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371530</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CONSOLIDATED TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Wendy Thompson Fast</span></p>				<p><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco, inc.,l=Lincoln NE 68506-0147, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Wendy Thompson Fast</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-489-2728</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371532</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COZAD TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Marcus Young</b></p>				<p><small>Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad telephone company,l= , Date:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Marcus Young</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-784-4044</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371534</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CURTIS TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Wendy Thompson Fast</span></p>				<p><small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco, inc.,l=Lincoln NE 68506-0147, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Wendy Thompson Fast</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-489-2728</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371536</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DALTON TEL CO, INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Shipley</span></p>				<p><small>Digitally signed by David Shipley DN: cn=David Shipley, email=dshipley@ghvalley.net, O=dalton telephone company, inc., l=Colorado City CO 81019, Date: 5/21/2023</small></p>	
<p>Date: <span style="color: blue;">5/21/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Shipley</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">866-542-6779</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371537</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">DALTON TEL CO, INC</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Shipley</span>				<small>Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton telephone company, inc.,l=Colorado City CO 81019, Date:7/26/2023</small> Date: <span style="color: blue;">7/26/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">David Shipley</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">866-542-6779</span>					
Study Area Code of Reporting Carrier	371537		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DILLER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Loren Duerksen</b></p>				<p><small>Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller telephone company,l=Diller NE 68342-0236, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Loren Duerksen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Director of Operations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-793-5330</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371540</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GLENWOOD TEL MEMBER</b></p>					
<p>Signature of Authorized Officer or employee: <b>Stanley Rouse</b></p>				<p>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood telephone membership corp.,l=Blue Hill NE 68930-0008, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Stanley Rouse</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-756-3131</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371553</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">HAMILTON TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Nelson</span>				<small>Digitally signed by John Nelson DN:cn=John Nelson,email=john.nelson@hamiltontel.com,O=hamilton telephone company, Date:5/26/2023</small>  Date: <span style="color: blue;">5/26/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">John Nelson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">402-694-5101</span>					
Study Area Code of Reporting Carrier	371555		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HARTINGTON TELECOMMUNICATIONS CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Nilles</b></p>				<p>Digitally signed by Dave Nilles DN:cn=Dave Nilles,email=dnilles@hartel.net,O=hartington telecommunications co., inc.,l=Hartington NE 68739-0157, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dave Nilles</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO/ General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-254-3901</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371556</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HARTMAN TELEPHONE EXCHANGES INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jenna Burrell</b></p>				<p><small>Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=hartman telephone exchanges inc.,l=Benkelman NE 69021, Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jenna Burrell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-423-5607</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371557</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HEMINGFORD COOP. TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tonya Mayer</b></p>				<p><small>Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop. telephone company,l=Hemingford NE 69348-0246, Date:5/26/2023</small></p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tonya Mayer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-487-3311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371558</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HENDERSON CO-OP TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Mestl</b></p>				<p><small>Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henderson co-op telephone company,l=Henderson NE 68371, Date:5/25/2023</small></p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>James Mestl</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Board President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-723-4448</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371559</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier:      <b>HERSHEY COOPERATIVE TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Rex Woolley</b></p>				<p>Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey cooperative telephone co,l=Hershey NE 69143, Date:5/25/2023</p>	
<p>Date:      <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Rex Woolley</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>General Manager &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>308-368-5561</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371561</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CONSOLIDATED TELECOM</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Wendy Thompson Fast</span>				<small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco, inc.,l=Lincoln NE 68506-0147, Date:5/24/2023</small> Date: <span style="color: blue;">5/24/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Wendy Thompson Fast</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">402-489-2728</span>					
Study Area Code of Reporting Carrier	371562		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HOOPER TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Gannon</b></p>				<p>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel. co.,l=Remsen IA 51050-0330, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Gannon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-786-5572</b></p>					
Study Area Code of Reporting Carrier	<b>371563</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>K &amp; M TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Magnuson</b></p>				<p>Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k &amp; m telephone company inc.,l=Chambers NE 68725, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Thomas Magnuson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-482-5800</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371565</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD NET SRV</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Stanley Rouse</span></p>				<p><small>Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood telephone membership corp.,l=Blue Hill NE 68930-0008, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Stanley Rouse</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">402-756-3131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">371567</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NEBRASKA CENTRAL TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Nelson</b></p>				<p><small>Digitally signed by John Nelson DN:cn=John Nelson,email=john.nelson@hamiltontel.com,O=nebraska central telephone company, Date:5/26/2023</small></p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Nelson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-694-5101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371574</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NEBRASKA CENTRAL TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Nelson</b></p>				<p><small>Digitally signed by John Nelson DN:cn=John Nelson,email=john.nelson@hamiltontel.com,O=nebraska central telephone company, Date:7/21/2023</small></p>	
<p>Date: <b>7/21/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Nelson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-694-5101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371574</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST NEBRASKA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Patrick McElroy</b></p>				<p><small>Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pat.mcelroy@nntcemployee.com,O=northeast nebraska telephone company,lc=US, Date:5/24/2023</small></p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Patrick McElroy</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-632-4321</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371576</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PIERCE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>William Fogle</b></p>				<p>Digitally signed by William Fogle DN:cn=William Fogle,email=wfogle@piercetelphone.com,O=pierce telephone company,I=Pierce NE 68767-0113, Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>William Fogle</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-329-6225</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371581</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PLAINVIEW TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Eric Nye</b></p>				<p><small>Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@plvwtelco.net,O=plainview telephone company inc.,l=Plainview NE 68769-0117, Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Eric Nye</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-582-4242</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371582</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SODTOWN COMM.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>				<p>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco, inc.,l=Lincoln NE 68506-0147, Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Thompson Fast</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-489-2728</b></p>					
Study Area Code of Reporting Carrier	<b>371590</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTHEAST NEBRASKA COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ray Joy</b></p>				<p><small>Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=southeast nebraska communications, inc.,l= , Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ray Joy</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-245-4451</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>371591</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STANTON TELECOM INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Nicholas Paden</b></p>				<p><small>Digitally signed by Nicholas Paden DN:cn=Nicholas Paden,email=npaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779, Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Nicholas Paden</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-439-2264</b></p>					
Study Area Code of Reporting Carrier	<b>371592</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>WAUNETA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jenna Burrell</b></p>				<p>Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=wauneta tel. co.,l=Benkelman NE 69021, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jenna Burrell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-423-5607</b></p>					
Study Area Code of Reporting Carrier	<b>371597</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

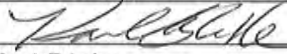
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BENKELMAN TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jenna Burrell</b></p>				<p><small>Digitally signed by Jenna Burrell DN:cn=Jenna Burrell,email=jenna@bwtelcom.net,O=benkelman telephone company inc.,l=Benkelman NE 69021, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jenna Burrell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>308-423-5607</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>372455</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTH DAKOTA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shawna Senger</b></p>				<p>Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota telephone company,l=Devils Lake ND 58301, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shawna Senger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-662-6428</b></p>					
Study Area Code of Reporting Carrier	<b>381447</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>				
<p>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).</p>				
Name of Reporting Carrier <b>Wolverton Telephone Co.</b>				
Signature of authorized officer 			Date <b>5/17/2023</b>	
Printed name of authorized officer <b>Karl Blake</b>				
Title or position of authorized officer <b>Executive Vice President</b>				
Telephone number of authorized officer: <b>(701) 284-7221</b>				
Study Area Code of Reporting Carrier <b>381509</b>		Filing Due Date for this form (mm/dd/yyyy) <b>June 16, 2023</b>		
<p>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.</p>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WOLVERTON TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Karl Blake</span></p>				<p><small>Digitally signed by Karl Blake DN:cn=Karl Blake,email=kblake@polartel.com,O=wolverton tel. co.,l=Park River ND 58270, Date:7/24/2023</small></p>	
<p>Date: <span style="color: blue;">7/24/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Karl Blake</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-284-4334</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381509</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BEK COMM. COOP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brandon Vaughan</span></p>				<p><small>Digitally signed by Brandon Vaughan DN: cn=Brandon Vaughan, email=brandonv@bektel.coop, O=bek communications cooperative, I=Steele ND 58482, Date: 5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brandon Vaughan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO/Financial Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-475-1246</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381604</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

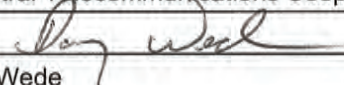
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CONSOLIDATED TELCOM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bryan Personne</b></p>				<p><small>Digitally signed by Bryan Personne DN:cn=Bryan Personne,email=bryan@consolidatednd.com,O=consolidated telcom,l=Dickinson ND 58602-1408, Date:5/17/2023</small></p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Bryan Personne</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-483-4000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381607</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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				Dakota Central Telecommunications Cooperative / DCTI			
Signature of authorized officer					Date		5/25/2023
Printed name of authorized officer			Doug Wede				
Title or position of authorized officer			President				
Telephone number of authorized officer:			(701) 652-3184, ext.				
Study Area Code of Reporting Carrier		381610	Filing Due Date for this form (mm/dd/yyyy)		June 16, 2023		
<p>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.</p>							

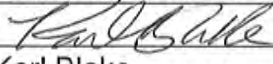
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DICKEY RURAL TEL COOP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Troy Radermacher</span></p>				<p><small>Digitally signed by Troy Radermacher DN:cn=Troy Radermacher,email=tradermacher@drtel.com,O=dickey rural tel coop.,l=Ellendale ND 58436, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Troy Radermacher</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-344-6061</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381611</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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				
Polar Communications				
Signature of authorized officer			Date	
			5/17/2023	
Printed name of authorized officer				
Karl Blake				
Title or position of authorized officer				
CEO				
Telephone number of authorized officer: (701) 284-7221				
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		
381614		June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>POLAR COMM MUT AID-A</b></p>					
<p>Signature of Authorized Officer or employee: <b>Karl Blake</b></p>				<p><small>Digitally signed by Karl Blake DN:cn=Karl Blake,email=kblake@polartel.com,O=wolverton tel. co.,l=Park River ND 58270, Date:7/24/2023</small></p> <p>Date: <b>7/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Karl Blake</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-284-4334</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381614</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>GRIGGS COUNTY TEL CO</b>					
Signature of Authorized Officer or employee: <b>Tyler Kilde</b>				<small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county telephone company,l=Enderlin ND 58027-0066, Date:5/26/2023</small> Date: <b>5/26/2023</b>	
Printed name of Authorized Officer or employee: <b>Tyler Kilde</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>701-437-9209</b>					
Study Area Code of Reporting Carrier	<b>381615</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">GRIGGS COUNTY TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tyler Kilde</span>				<small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county telephone company,l=Enderlin ND 58027-0066, Date:7/25/2023</small> Date: <span style="color: blue;">7/25/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tyler Kilde</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">701-437-9209</span>					
Study Area Code of Reporting Carrier	381615		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTER-COMMUNITY TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Brandon Vaughan</span></p>				<p><small>Digitally signed by Brandon Vaughan DN: cn=Brandon Vaughan, email=brandonv@bektel.coop, O=bek communications cooperative, I=Steele ND 58482, Date: 5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brandon Vaughan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO/Financial Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-475-1246</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381616</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">INTER-COMMUNITY TEL</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brandon Vaughan</span>				<small>Digitally signed by Brandon Vaughan DN: cn=Brandon Vaughan, email=brandonv@bektel.coop, O=inter-community telephone company, l=Steele ND 58482, Date: 7/24/2023</small>  Date: <span style="color: blue;">7/24/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Brandon Vaughan</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO/Financial Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">701-475-1246</span>					
Study Area Code of Reporting Carrier	381616		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">MIDSTATE TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Shane Hart</span>				<small>Digitally signed by Shane Hart DN:cn=Shane Hart,email=shaneh@rtc.email,O=midstate telephone company,l=Parshall ND 58770-0068, Date:5/30/2023</small>  Date: <span style="color: blue;">5/30/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Shane Hart</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/ General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">701-862-3115</span>					
Study Area Code of Reporting Carrier	381617		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>GRIGGS CTY (M&amp;L)</b>					
Signature of Authorized Officer or employee: <b>Tyler Kilde</b>				<small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county telephone company,l=Enderlin ND 58027-0066, Date:5/26/2023</small> Date: <b>5/26/2023</b>	
Printed name of Authorized Officer or employee: <b>Tyler Kilde</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>701-437-9209</b>					
Study Area Code of Reporting Carrier	<b>381622</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">GRIGGS CTY (M&amp;L)</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tyler Kilde</span>				<small>Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tyler.kilde@mlgc.net,O=griggs county telephone company,l=Enderlin ND 58027-0066, Date:7/25/2023</small> Date: <span style="color: blue;">7/25/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tyler Kilde</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">701-437-9209</span>					
Study Area Code of Reporting Carrier	381622		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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.					

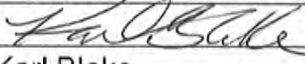
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHWEST COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jennifer Bingeman</b></p>					<p><small>Digitally signed by Jennifer Bingeman DN:cn=Jennifer Bingeman,email=jenb@nccray.com,O=northwest communications cooperative, Date:5/18/2023</small></p>
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jennifer Bingeman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-568-8101</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381625</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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				
Polar Communications				
Signature of authorized officer			Date	
			5/17/2023	
Printed name of authorized officer				
Karl Blake				
Title or position of authorized officer				
CEO				
Telephone number of authorized officer: (701) 284-7221 ext.				
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		
381630		June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>POLAR COMM MUT AID</b></p>					
<p>Signature of Authorized Officer or employee: <b>Karl Blake</b></p>				<p><small>Digitally signed by Karl Blake DN:cn=Karl Blake,email=kblake@polartel.com,O=wolverton tel. co.,l=Park River ND 58270, Date:7/24/2023</small></p> <p>Date: <b>7/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Karl Blake</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-284-4334</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381630</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Thomas Steinolfson</span></p>				<p><small>Digitally signed by Thomas Steinolfson DN:cn=Thomas Steinolfson,email=toms@redrivercomm.com,O=red river rural tel. assn. dba red river comm,l=Abercrombie ND 58001, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Thomas Steinolfson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-553-8309</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381631</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Thomas Steinolfson</b></p>				<p><small>Digitally signed by Thomas Steinolfson DN:cn=Thomas Steinolfson,email=toms@redrivercomm.com,O=red river rural tel. assn. dba red river comm,l=Abercrombie ND 58001, Date:7/25/2023</small></p> <p>Date: <b>7/25/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Thomas Steinolfson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-553-8309</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381631</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

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					RESERVATION TELEPHONE COOPERATIVE	
Signature of authorized officer				Date		05/30/2023
Printed name of authorized officer SHANE D HART						
Title or position of authorized officer CEO/GM						
Telephone number of authorized officer: (701) 862-3115						
Study Area Code of Reporting Carrier		381632	Filing Due Date for this form (mm/dd/yyyy)		June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>UNITED TEL MUTUAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steve Swanson</b></p>				<p><small>Digitally signed by Steve Swanson DN:cn=Steve Swanson,email=steves@corp.utma.com,O=united telephone mutual aid corp.,l=Langdon ND 58249-0729, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Steve Swanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-256-5156</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>381636</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">W. RIVER TELECOM.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Troy Schilling</span></p>				<p><small>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications cooperative,l=Hazen ND 58545, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Troy Schilling</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-748-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381637</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDSTATE COMM.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Shane Hart</span></p>				<p><small>Digitally signed by Shane Hart DN:cn=Shane Hart,email=shaneh@rtc.email,O=midstate telephone company,l=Parshall ND 58770-0068, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Shane Hart</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/ General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">701-862-3115</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">381638</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SRT COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cassidy Hjelmstad</b></p>				<p><small>Digitally signed by Cassidy Hjelmstad DN:cn=Cassidy Hjelmstad,email=cassidyh@srttel.com,O=srt communications, inc.,l= , Date:5/24/2023</small></p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Cassidy Hjelmstad</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/ General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-838-9719</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>383303</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS SD</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391405</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-HILLS SD</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kari Flanagan</span>				<small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,l=Garretson SD 57030, Date:7/24/2023</small>  Date: <span style="color: blue;">7/24/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span>					
Study Area Code of Reporting Carrier	391405		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-ARMOUR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:5/30/2023</p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391640</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-ARMOUR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:7/24/2023</p>	
<p>Date: <b>7/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
Study Area Code of Reporting Carrier	<b>391640</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-BALTIC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391642</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

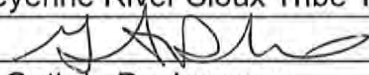
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-BALTIC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,l=Garretson SD 57030, Date:7/24/2023</small></p> <p>Date: <span style="color: blue;">7/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391642</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

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				Cheyenne River Sioux Tribe Telephone Authority	
Signature of authorized officer				Date	05-26-2023
Printed name of authorized officer		Guthrie Ducheneaux			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(605) 964-2600			
Study Area Code of Reporting Carrier		391647	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BERESFORD MUNICIPAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Austin Hansen</b></p>				<p><small>Digitally signed by Austin Hansen DN:cn=Austin Hansen,email=austinh@beresfordtel.com,O=beresford municipal tel. co.,l= , Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Austin Hansen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-763-2500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391649</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BERESFORD MUNICIPAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Austin Hansen</span></p>				<p><small>Digitally signed by Austin Hansen DN:cn=Austin Hansen,email=austinh@beresfordtel.com,O=beresford municipal tel. co.,l= , Date:7/21/2023</small></p>	
<p>Date: <span style="color: blue;">7/21/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Austin Hansen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-763-2500</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391649</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CLARITY TELECOM, LLC DBA BLUEPEAK</b></p>					
<p>Signature of Authorized Officer or employee: <b>Snow Le</b></p>				<p><small>Digitally signed by Snow Le DN:cn=Snow Le,email=Snow.Le@mybluepeak.com,O=clarity telecom, llc dba bluepeak, Date:5/25/2023</small></p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Snow Le</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CAO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>720-316-1257</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391652</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CLARITY TELECOM, LLC DBA BLUEPEAK</b></p>					
<p>Signature of Authorized Officer or employee: <b>Snow Le</b></p>				<p><small>Digitally signed by Snow Le DN:cn=Snow Le,email=Snow.Le@mybluepeak.com,O=clarity telecom, llc dba bluepeak,l= , Date:7/25/2023</small></p> <p>Date: <b>7/25/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Snow Le</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CAO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>720-316-1257</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391652</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CITY OF FAITH MUNICIPAL TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Debbie Brown</b></p>				<p><small>Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith municipal tel co,l=Faith SD 57626-0368, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Debbie Brown</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Finance Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-967-2261</b></p>					
Study Area Code of Reporting Carrier	<b>391653</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INTERSTATE TELECOMM.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Tracy Bandemer</span></p>				<p><small>Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=tracy.bandemer@itccoop.com,O=interstate telecommunications coop., inc.-mn,l=Clear Lake SD 57226-0920, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tracy Bandemer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/ General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-874-2181</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391654</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-SPLITROCK</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-splitrock,l=Garretson SD 57030, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391657</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALLIANCE-SPLITROCK</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>				<p><small>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,l=Garretson SD 57030, Date:7/24/2023</small></p>	
<p>Date: <span style="color: blue;">7/24/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kari Flanagan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-594-8228</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391657</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">GOLDEN WEST TELECOM</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span>				<small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:5/30/2023</small> Date: <span style="color: blue;">5/30/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-279-2161</span>					
Study Area Code of Reporting Carrier	391659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>GOLDEN WEST TELECOM</b>					
Signature of Authorized Officer or employee: <b>Dennis Law</b>				<small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:7/24/2023</small>	
Date: <b>7/24/2023</b>					
Printed name of Authorized Officer or employee: <b>Dennis Law</b>					
Title or position of Authorized Officer or employee: <b>General Manager/CEO</b>					
Telephone number of Authorized Officer or employee: <b>605-279-2161</b>					
Study Area Code of Reporting Carrier	<b>391659</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<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.</b>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">FT RANDALL-MT RUSHMR</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bruce Hanson</span>				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, l= , Date: 5/22/2023</small>  Date: <span style="color: blue;">5/22/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Bruce Hanson</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">320-847-2211</span>					
Study Area Code of Reporting Carrier	391660		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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.					

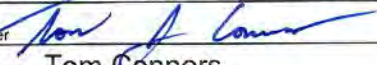
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FT RANDALL-MT RUSHMR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bruce Hanson</b></p>				<p><small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:7/24/2023</small></p> <p>Date: <b>7/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Bruce Hanson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-847-2211</b></p>					
Study Area Code of Reporting Carrier	<b>391660</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>JAMES VALLEY COOPERATIVE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Groft</b></p>				<p>Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley cooperative telephone company, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Groft</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-397-2323</b></p>					
Study Area Code of Reporting Carrier	<b>391664</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>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).</p>			
Name of Reporting Carrier <b>Jefferson Telephone Company</b>			
Signature of authorized officer 		Date	<b>05/23/2023</b>
Printed name of authorized officer <b>Tom Connors</b>			
Title or position of authorized officer <b>Manager</b>			
Telephone number of authorized officer: <b>(712) 271-4000</b> , ext.			
Study Area Code of Reporting Carrier	<b>391666</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</b>
<p>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.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>JEFFERSON TEL CO -SD</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Bergmann</b></p>				<p>Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=pbergmann@longlines.biz,O=jordan soldier valley telephone company,l=Sergeant Bluff IA 51054, Date:7/25/2023</p>	
<p>Date: <b>7/25/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Bergmann</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-271-5535</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391666</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-KADOKA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:5/30/2023</small></p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391667</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">GOLDEN WEST-KADOKA</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dennis Law</span>				<small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:7/24/2023</small> Date: <span style="color: blue;">7/24/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-279-2161</span>					
Study Area Code of Reporting Carrier	391667		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>KENNEBEC TELEPHONE COMPANY</b>					
Signature of Authorized Officer or employee: <b>Matt Collins</b>				<small>Digitally signed by Matt Collins DN:cn=Matt Collins,email=mattc@kennebectelephone.com,O=kennebec telephone company,I=Kennebec SD 57544, Date:5/19/2023</small> Date: <b>5/19/2023</b>	
Printed name of Authorized Officer or employee: <b>Matt Collins</b>					
Title or position of Authorized Officer or employee: <b>President/Manager</b>					
Telephone number of Authorized Officer or employee: <b>605-869-2220</b>					
Study Area Code of Reporting Carrier	<b>391668</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRIOTEL COMMUNICATIONS, INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Heather Kranz</span></p>				<p><small>Digitally signed by Heather Kranz DN:cn=Heather Kranz,email=heatherk@triotel.com,O=triotel communications, inc.,l=Salem SD 57058-0630, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Heather Kranz</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/GM</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-425-2238</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391669</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MIDSTATE COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chad Mutziger</b></p>				<p>Digitally signed by Chad Mutziger DN:cn=Chad Mutziger,email=chad@midstaff.net,O=midstate communications, inc.,l=Kimball SD 57355, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Chad Mutziger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-778-6221</b></p>					
Study Area Code of Reporting Carrier	<b>391670</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
Name of Reporting Carrier: <b>WEST RIVER(MOBRIDGE)</b>					
Signature of Authorized Officer or employee: <b>Troy Schilling</b>				<small>Digitally signed by Troy Schilling DN:cn=Troy Schilling,email=troys@wrtc.com,O=west river telecommunications cooperative,l=Hazen ND 58545, Date:5/18/2023</small> Date: <b>5/18/2023</b>	
Printed name of Authorized Officer or employee: <b>Troy Schilling</b>					
Title or position of Authorized Officer or employee: <b>CEO/General Manager</b>					
Telephone number of Authorized Officer or employee: <b>701-748-2211</b>					
Study Area Code of Reporting Carrier	<b>391671</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

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	RC Technologies				
Signature of authorized officer	<i>Robert Meyer</i>			Date	5/26/23
Printed name of authorized officer	Robert Meyer				
Title or position of authorized officer	President of The Board				
Telephone number of authorized officer:	(605) 637-5211				
Study Area Code of Reporting Carrier	391674		Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SANTEL COMM. COOP.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ryan Thompson</span></p>				<p><small>Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.coop,O=santel communications cooperative, inc.,l=Woonsocket SD 57385-0067, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ryan Thompson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-796-8143</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391676</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-SIOUX VY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391677</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-SIOUX VY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:7/24/2023</small></p>	
<p>Date: <b>7/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391677</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>VENTURE COMMUNICATIONS COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Fay Jandreau</b></p>				<p>Digitally signed by Fay Jandreau DN:cn=Fay Jandreau,email=fayj@venture.coop,O=venture communications cooperative,l=Highmore SC 57345, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Fay Jandreau</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-852-2224</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391680</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-UNION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:5/30/2023</small></p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391684</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">GOLDEN WEST-UNION</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dennis Law</span>				<small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:7/24/2023</small> Date: <span style="color: blue;">7/24/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-279-2161</span>					
Study Area Code of Reporting Carrier	391684		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VALLEY TELECOMM. COOP. ASSN., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jeff Symens</span></p>				<p><small>Digitally signed by Jeff Symens DN:cn=Jeff Symens,email=jeff.s@valleytel.coop,O=valley telecom. coop. assn.,inc.,l=Herreid SD 57632-0007, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jeff Symens</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-437-2615</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391685</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-VIVIAN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:5/30/2023</small></p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>391686</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">GOLDEN WEST-VIVIAN</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dennis Law</span>				<small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom coop (armour),l=Wall SD 57790-0411, Date:7/24/2023</small> Date: <span style="color: blue;">7/24/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Law</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">605-279-2161</span>					
Study Area Code of Reporting Carrier	391686		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST RIVER COOPERATIVE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Eric Kahler</span></p>				<p><small>Digitally signed by Eric Kahler DN:cn=Eric Kahler,email=ekahler@wrctc.coop,O=west river cooperative tel. co.,l= , Date:5/23/2023</small></p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Eric Kahler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">605-244-5213</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">391689</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ARKANSAS TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Randy McCaslin</span>				<small>Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas telephone company,l=Clinton AR 72031, Date:5/30/2023</small> Date: <span style="color: blue;">5/30/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Randy McCaslin</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">501-745-2114</span>					
Study Area Code of Reporting Carrier	401692		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ARKANSAS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy McCaslin</b></p>				<p>Digitally signed by Randy McCaslin DN:cn=Randy McCaslin,email=randymcc@artelco.com,O=arkansas telephone company,l=Clinton AR 72031, Date:7/26/2023</p>	
<p>Date: <b>7/26/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Randy McCaslin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>501-745-2114</b></p>					
Study Area Code of Reporting Carrier	<b>401692</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>7/31/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CENTRAL ARKANSAS TEL. COOP INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Larry Frazier</span>				<small>Digitally signed by Larry Frazier DN:cn=Larry Frazier,email=larryf@catc.net,O=central arkansas tel. coop inc.,l=Bismarck AR 71929, Date:5/19/2023</small> Date: <span style="color: blue;">5/19/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Larry Frazier</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">501-865-7008</span>					
Study Area Code of Reporting Carrier	401697		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CLEVELAND COUNTY TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/26/2023</small></p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401698</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>Name of Reporting Carrier: <span style="color: blue;">DECATUR TEL CO INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Wendy Ottman</span></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Wendy Ottman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">573-835-4051</span></p>					
Study Area Code of Reporting Carrier	401699		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTH ARKANSAS TEL. CO.,INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Greg Ashcraft</b></p>				<p><small>Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel. co.,inc.,l=Sheridan AR 72150, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Greg Ashcraft</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-942-4344</b></p>					
Study Area Code of Reporting Carrier	<b>401702</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <span style="color: blue;">LAVACA TEL CO-AR</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Trent LeForce</span></p>				<p><small>Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tforce@dobson.net,O=lavaca telephone-ar,l= , Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Trent LeForce</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">405-242-0336</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401704</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MADISON COUNTY TEL. CO. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tom Shrum</span></p>				<p><small>Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel. co. inc.,l=Huntsville AR 72740, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tom Shrum</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">479-738-2121</span></p>					
Study Area Code of Reporting Carrier	401709		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MAGAZINE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cheryl Stone</b></p>				<p>Digitally signed by Cheryl Stone DN:cn=Cheryl Stone,email=magtel@magtel.com,O=magazine telephone company,l=Magazine AR 72943, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Cheryl Stone</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>479-969-2211</b></p>					
Study Area Code of Reporting Carrier	<b>401710</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOUNTAIN VIEW TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Aaron Millsap</span></p>				<p><small>Digitally signed by Aaron Millsap DN:cn=Aaron Millsap,email=aaron.millsap@yelcot.com,O=mountain view telephone company,l=Mountain Home AR 72654, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Aaron Millsap</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">870-425-3100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401712</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

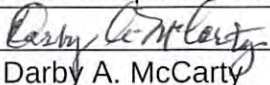
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHERN ARKANSAS TEL. CO.,INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Sanders, Jr.</b></p>				<small>Digitally signed by Steven Sanders, Jr. DN:cn=Steven Sanders, Jr.,email=steven@natconet.com,O=northern arkansas tel. co.,inc.,l=Flippin AR 72634-0209, Date:5/17/2023</small> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Steven Sanders, Jr.</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-453-9273</b></p>					
Study Area Code of Reporting Carrier	<b>401713</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PRAIRIE GROVE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Parks</b></p>				<p><small>Digitally signed by David Parks DN:cn=David Parks,email=dmp@pgtc.com,O=prairie grove telephone company,l=Prairie Grove AR 72753, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>David Parks</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>479-846-7200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401718</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

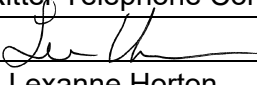
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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 Rice Belt Telephone Company, Inc.				
Signature of authorized officer 			Date 5/19/2023	
Printed name of authorized officer Darby A. McCarty				
Title or position of authorized officer President				
Telephone number of authorized officer: (812) 876-2211				
Study Area Code of Reporting Carrier		401721	Filing Due Date for this form (mm/dd/yyyy)	June 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 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 <b>E. Ritter Telephone Company, LLC</b>				
Signature of authorized officer 			Date	<b>05/30/2023</b>
Printed name of authorized officer <b>Lexanne Horton</b>				
Title or position of authorized officer <b>CFO</b>				
Telephone number of authorized officer: (870)336-2321 , ext.				
Study Area Code of Reporting Carrier	<b>401722</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</b>
<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.</b>				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTHWEST ARKANSAS TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tina Moore</b></p>				<p><small>Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=southwest arkansas tel. coop. inc.,l= , Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tina Moore</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Accountant</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-653-8222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>401724</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WALNUT HILL TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tammy Souza</span></p>				<p><small>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Maccleddy FL 32063-0485, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tammy Souza</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accounting Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">904-259-0036</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">401729</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">YELCOT TEL CO INC</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aaron Millsap</span>				<small>Digitally signed by Aaron Millsap DN:cn=Aaron Millsap,email=aaron.millsap@yelcot.com,O=mountain view telephone company,l=Mountain Home AR 72654, Date:5/30/2023</small>	
Date: <span style="color: blue;">5/30/2023</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Aaron Millsap</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Finance</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">870-425-3100</span>					
Study Area Code of Reporting Carrier	401733		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SCOTT COUNTY TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Karen Gilliam</b></p>				<small>Digitally signed by Karen Gilliam DN:cn=Karen Gilliam,email=karen@scotttel.com,O=scott county telephone company,l=Avilla MO 64833, Date:5/18/2023</small>  <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Karen Gilliam</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>479-923-4200</b></p>					
Study Area Code of Reporting Carrier	<b>403031</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BLUE VALLEY TELE-COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Candace Wright</b></p>				<p><small>Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-communications, inc.,l= , Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Candace Wright</b></p>					
<p>Title or position of Authorized Officer or employee: <b>GM/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-799-3657</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411746</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COUNCIL GROVE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dale Jones</b></p>				<p><small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/17/2023</small></p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dale Jones</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-767-5153</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411758</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CUNNINGHAM TELEPHONE CO. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brent Cunningham</b></p>				<p><small>Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham telephone co. inc.,l=Glen Elder KS 67446-0108, Date:5/25/2023</small></p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brent Cunningham</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-545-3215</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411761</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ELKHART TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Becky Scott</b></p>				<p><small>Digitally signed by Becky Scott DN:cn=Becky Scott,email=bscott@epictouch.com,O=elkhart telephone company inc.,I=Elkhart KS 67950, Date:5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Becky Scott</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President &amp; CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-697-2111</b></p>					
Study Area Code of Reporting Carrier	<b>411764</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN BELT TELEPHONE ASSN. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Beau Rebel</b></p>				<p>Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbtlive.com,O=golden belt telephone assn. inc., Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Beau Rebel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-372-4236</b></p>					
Study Area Code of Reporting Carrier	<b>411777</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">GORHAM TELEPHONE COMPANY INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tonya Murphy</span>				<small>Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham telephone company inc.,l=Gorham KS 67640-0235, Date:5/18/2023</small> Date: <span style="color: blue;">5/18/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tonya Murphy</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">785-637-5300</span>					
Study Area Code of Reporting Carrier	411778		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">HAVILAND TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Wade</span>				<small>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandelco.com,O=j. b. n. telephone company inc.,l=Haviland KS 67059, Date:5/19/2023</small>	
Date: <span style="color: blue;">5/19/2023</span>					
Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Wade</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">VP of Operations</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">620-862-5211</span>					
Study Area Code of Reporting Carrier	411780		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>H &amp; B COMMUNICATIONS INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brandon Koch</b></p>				<p><small>Digitally signed by Brandon Koch DN:cn=Brandon Koch,email=brkoch@hbcomm.net,O=h &amp; b communications inc.,l= , Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Brandon Koch</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>785-252-4000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411781</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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Name of Reporting Carrier: <span style="color: blue;">J. B. N. TEL CO INC</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Wade</span>				<small>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=j. b. n. telephone company inc.,l=Haviland KS 67059, Date:5/19/2023</small> Date: <span style="color: blue;">5/19/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Wade</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">VP of Operations</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">620-862-5211</span>					
Study Area Code of Reporting Carrier	411785		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: <span style="color: blue;">J. B. N. TEL CO INC</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Wade</span>				<small>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=j. b. n. telephone company inc.,l=Haviland KS 67059, Date:7/21/2023</small> Date: <span style="color: blue;">7/21/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Wade</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">VP of Operations</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">620-862-5211</span>					
Study Area Code of Reporting Carrier	411785		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

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Name of Reporting Carrier: <span style="color: blue;">KANOKLA TEL ASSN-KS</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Nance</span>				<small>Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks, Date:5/26/2023</small> Date: <span style="color: blue;">5/26/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">David Nance</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">620-845-5682</span>					
Study Area Code of Reporting Carrier	411788		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MADISON TELEPHONE, LLC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Shana Rains</span></p>				<p><small>Digitally signed by Shana Rains DN:cn=Shana Rains,email=mtn.shana@gmail.com,O=madison telephone, llc,l=Madison KS 66860, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Shana Rains</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Regulatory Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-437-2356</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411801</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>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).</p>					
<p>Name of Reporting Carrier: <b>MOKAN DIAL INC-KS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tammy Souza</b></p>				<p><small>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Maccleddy FL 32063-0485, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Tammy Souza</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>904-259-0036</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411807</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <span style="color: blue;">MOKAN DIAL INC-KS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tammy Souza</span></p>				<p><small>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=mokan dial, inc.-ks,l=Macclenny FL 32063-0485, Date:7/21/2023</small></p> <p>Date: <span style="color: blue;">7/21/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tammy Souza</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accounting Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">904-259-0036</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411807</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <b>MUTUAL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Tietjens</b></p>				<p><small>Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mual telephone company,l=Little River KS 67457, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>John Tietjens</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-897-6200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411809</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <b>PEOPLES TELECOMMUNICATIONS, LLC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jennifer Leach</b></p>				<p><small>Digitally signed by Jennifer Leach DN:cn=Jennifer Leach,email=jennifer@peoplestelecom.net,O=peoples telecommunications, llc,l=La Cygne KS 66040, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jennifer Leach</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>913-757-2500</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411814</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>Name of Reporting Carrier: <span style="color: blue;">CRAW-KAN TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Craig Wilbert</span></p>				<p><small>Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan telephone coop inc- ks, Girard KS 66743-0100, Date:5/23/2023</small></p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Craig Wilbert</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-724-8235</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411818</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RAINBOW TELECOMMUNICATIONS ASSOC., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kathy Ruoff</span></p>				<p><small>Digitally signed by Kathy Ruoff DN:cn=Kathy Ruoff,email=kathy@rainbowtel.com,O=rainbow telecommunications assoc., inc.,l=Everest KS 66424, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kathy Ruoff</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller/CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">785-548-7511</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411820</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <span style="color: blue;">S &amp; A TEL CO INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Deborah Rand</span></p>				<p><small>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c., Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Deborah Rand</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">603-472-9786</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411829</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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<p>Name of Reporting Carrier: <span style="color: blue;">S. CENTRAL TEL - KS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Carla Shearer</span></p>				<p><small>Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn. inc.-ks,l= , Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Carla Shearer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-930-1082</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411831</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>Name of Reporting Carrier: <span style="color: blue;">TRI-COUNTY TEL ASSN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dale Jones</span></p>				<p><small>Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:5/17/2023</small></p>	
<p>Date: <span style="color: blue;">5/17/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dale Jones</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-767-5153</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411839</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>UNITED TELEPHONE ASSOCIATION, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jennifer Pachner</b></p>				<p>Digitally signed by Jennifer Pachner DN:cn=Jennifer Pachner,email=jenniferp@unitedtelcom.net,O=united telephone association, inc.,l=Dodge City KS 67801-0117, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jennifer Pachner</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-227-8641</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411841</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WHEAT STATE TELEPHONE, INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Randy Hoffman</span></p>				<p><small>Digitally signed by Randy Hoffman DN:cn=Randy Hoffman,email=rhoffman@wheatstate.com,O=wheat state telephone, inc.,l=Udall KS 67146, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Randy Hoffman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-782-3341</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411847</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILSON TELEPHONE COMPANY INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Craig Freeman</span></p>				<p><small>Digitally signed by Craig Freeman DN:cn=Craig Freeman,email=craig.freeman@wilsoncom.net,O=wilson telephone company inc.,l=Wilson KS 67490-0190, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Craig Freeman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President / General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">785-658-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">411849</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ZENDA TEL COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Ludenia</b></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=zenda telephone company inc.,l= , Date:5/26/2023</small></p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Ludenia</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>304-983-8642</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>411852</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BPS Telephone Company</b></p>					
<p>Signature of Authorized Officer or employee: <b>Lisa Winberry</b></p>				<p>Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps telephone company,l=Bernie MO 63822-0550, Date:5/19/2023</p>	
<p>Date: <b>5/19/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Lisa Winberry</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-293-2277</b></p>					
Study Area Code of Reporting Carrier	<b>420463</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">IAMO COMM - MO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tim Toepfer</span></p>				<p><small>Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=ttoepfer@iamo.tel,O=iamo communications, inc.-ia, Inc., Date: 5/26/2023</small></p> <p>Date: <span style="color: blue;">5/26/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tim Toepfer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO &amp; General Manage</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">712-583-3232</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421206</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p style="text-align: center;">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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOKAN DIAL INC-MO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tammy Souza</span></p>				<p><small>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Maccleddy FL 32063-0485, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tammy Souza</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accounting Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">904-259-0036</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421807</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALMA COMMUNICATIONS COMPANY DBA ALMA TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Adolf Heins</span></p>				<p><small>Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma communications company dba alma tel. co.,l=Alma MO 64001, Date:5/19/2023</small></p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Adolf Heins</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">660-674-2297</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421860</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHARITON VALLEY TELEPHONE CORPORATION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ryan Johnson</b></p>				<p><small>Digitally signed by Ryan Johnson DN:cn=Ryan Johnson,email=rjohnson@charitonvalley.com,O=chariton valley telephone corporation,lc=, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Ryan Johnson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Interim President &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>660-395-9657</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421864</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHARITON VALLEY TELEPHONE CORPORATION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ryan Johnson</b></p>				<p><small>Digitally signed by Ryan Johnson DN:cn=Ryan Johnson,email=rjohnson@charitonvalley.com,O=chariton valley telephone corporation,lc= , Date:7/21/2023</small></p> <p>Date: <b>7/21/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Ryan Johnson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Interim President &amp; CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>660-395-9657</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421864</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ELLINGTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dee McCormack</b></p>				<p>Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington telephone company,l=Ellington MO 63638, Date:5/17/2023</p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dee McCormack</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-663-2000</b></p>					
Study Area Code of Reporting Carrier	<b>421874</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

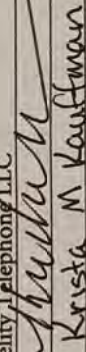
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FARBER TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=farber telephone company,l=Oregon MO 64473, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421876</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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	Fidelity Telephong LLC	Date	5/30/23
Signature of authorized officer			
Printed name of authorized officer	Krista M Kaufman		
Title or position of authorized officer	Vice President		
Telephone number of authorized officer	<del>602</del> - ext	602 364-6000	
Study Area Code of Reporting Carrier	421882	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GRANBY TEL CO - MISSOURI</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cheri Johnson</b></p>				<p><small>Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - missouri,l=Granby MO 64844, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Cheri Johnson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Corporate Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>417-472-5513</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421887</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GREEN HILLS TEL CORP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">David Adams</span></p>				<p><small>Digitally signed by David Adams DN:cn=David Adams,email=dadams@ghtc.com,O=green hills telephone corp.,l=Breckenridge MO 64625, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Adams</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">EVP/GM</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">660-644-5411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421890</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p style="text-align: center;">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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHOCTAW TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tammy Souza</span></p>				<p><small>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Maccleddy FL 32063-0485, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tammy Souza</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accounting Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">904-259-0036</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421893</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KINGDOM TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Marla McCowan</b></p>				<p><small>Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mmccowan@kingdomtelco.com,O=kingdom telephone company,l=Auxvasse MO 65231, Date:5/25/2023</small></p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Marla McCowan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant Board Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-386-2241</b></p>					
Study Area Code of Reporting Carrier	<b>421901</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

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				Le-Ru Telephone Co., Inc.	
Signature of authorized officer			Date		May 30, 2023
Printed name of authorized officer			W. Jay Mitchell		
Title or position of authorized officer			President		
Telephone number of authorized officer: ( ) - , ext.			417-628-3844		
Study Area Code of Reporting Carrier		421908	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MCDONALD COUNTY TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ross Babbitt</b></p>				<p><small>Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=ross@southwestmo.com,O=mcdonald county telephone co.,l=Pineville MO 64856-0207, Date:5/25/2023</small></p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ross Babbitt</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>417-223-4313</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421912</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MILLER TEL CO - MO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">John Ludenia</span></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=miller telephone company - mo,l= , Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">304-983-8642</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421920</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NEW FLORENCE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=farber telephone company,l=Oregon MO 64473, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
Study Area Code of Reporting Carrier	<b>421927</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW LONDON TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Wendy Ottman</span></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=farber telephone company,l=Oregon MO 64473, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Wendy Ottman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">573-835-4051</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421928</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHEAST MISSOURI RURAL TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michele Gillespie</b></p>				<p><small>Digitally signed by Michele Gillespie DN:cn=Michele Gillespie,email=mvan@nemr.net,O=northeast missouri rural tel. co.,l= , Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michele Gillespie</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>660-874-4111</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421931</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

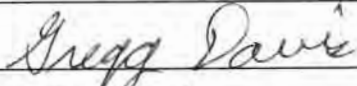
### Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

**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>Lathrop Telephone Company</b>	
Signature of Authorized Officer	<i>Gregg Davis</i>	Date May 23, 2023	
Printed name of Authorized Officer		Gregg Davis	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer.		( 660 ) 748-3231 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>421932</b>	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
<p>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.</p>			

### 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>Lathrop Telephone Company</b>	
Signature of Authorized Officer X		Date July 18, 2023	
Printed name of Authorized Officer		Gregg Davis	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		( 660 ) 748-3231 ext. _____	
Study Area Code of Reporting Carrier	<b>421932</b>	Filing Due Date for this form (mm/dd/yyyy)	
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					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ORCHARD FARM TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=farber telephone company,l=Oregon MO 64473, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
Study Area Code of Reporting Carrier	<b>421934</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

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 Orchard Farms Telephone Company				
Signature of authorized officer <i>Wendy Ott</i>		Date		9/11/2023
Printed name of authorized officer Wendy Ottman				
Title or position of authorized officer VP of Finance				
Telephone number of authorized officer: (573) 835-4051 ext.				
Study Area Code of Reporting Carrier	421934	Filing Due Date for this form (mm/dd/yyyy)	September 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>OREGON FARMERS MUT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Charles Custer</b></p>				<p><small>Digitally signed by Charles Custer DN:cn=Charles Custer,email=ccuster@townes.net,O=oregon farmers mutual tel. co.,l=Lewisville AR 71845, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Charles Custer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>870-921-5758</b></p>					
Study Area Code of Reporting Carrier	<b>421935</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PEACE VALLEY TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kelly Bosserman</span></p>				<p><small>Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman,email=kbosserman@hotmail.com,O=peace valley tel co,l=Peace Valley MO 65788-0009, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kelly Bosserman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">417-277-5550</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421936</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROCK PORT TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Rick Bradley</span></p>				<p><small>Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel. co.,l=Rock Port MO 64482-0147, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Bradley</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">660-744-5311</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">421942</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

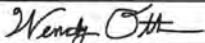
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STOUTLAND TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wendy Ottman</b></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=farber telephone company,l=Oregon MO 64473, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Wendy Ottman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>573-835-4051</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>421951</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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				Soutland Tel Co.	
Signature of authorized officer					Date
Printed name of authorized officer			Wendy Ottman		
Title or position of authorized officer			Vice President of Finance		
Telephone number of authorized officer:			(573) 835-4051		
Study Area Code of Reporting Carrier		421951	Filing Due Date for this form (mm/dd/yyyy)	July 31, 2023	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">LAVACA TEL CO-OK</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Trent LeForce</span>				<small>Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tforce@dobson.net,O=lavaca telephone-ar,l= , Date:5/22/2023</small> Date: <span style="color: blue;">5/22/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Trent LeForce</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">405-242-0336</span>					
Study Area Code of Reporting Carrier	431704		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KANOKLA TEL ASSN-OK</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Nance</b></p>				<p>Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks, Date:5/26/2023</p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Nance</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Operating Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>620-845-5682</b></p>					
Study Area Code of Reporting Carrier	<b>431788</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">S. CENTRAL TEL - OK</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Carla Shearer</span></p>				<p><small>Digitally signed by Carla Shearer DN:cn=Carla Shearer,email=cshearer@sctelcom.com,O=south central tel. assn. inc.-ks,l= , Date:5/24/2023</small></p>	
<p>Date: <span style="color: blue;">5/24/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Carla Shearer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-930-1082</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431831</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ATLAS TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Barbara Summa</span></p>				<p><small>Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas telephone co.,l=Big Cabin OK 74332-0077, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Barbara Summa</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">918-783-5111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431966</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

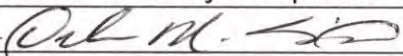
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BEGGS TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kay Mount</b></p>				<p><small>Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs telephone company,l=Beggs OK 74421-0749, Date:5/24/2023</small></p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kay Mount</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Pres. &amp; General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>918-267-3636</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431968</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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 **Canadian Valley Telephone co.**

Signature of authorized officer  Date **05/30/23**

Printed name of authorized officer **Orlean M. Smith**

Title or position of authorized officer **President**

Telephone number of authorized officer: **(918) 334-3700**

Study Area Code of Reporting Carrier **431974** Filing Due Date for this form (mm/dd/yyyy) **June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CARNEGIE TELEPHONE CO.INC.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Powers</span>				<small>Digitally signed by James Powers DN:cn=James Powers,email=jpowers@carnegietelephone.com,O=carnegie telephone co.inc.,l=Carnegie OK 73015, Date:5/23/2023</small>  Date: <span style="color: blue;">5/23/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">James Powers</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President/General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">580-654-1002</span>					
Study Area Code of Reporting Carrier	431976		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CENTRAL OKLAHOMA TELEPHONE CO., L.L.C.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steve Guest</b></p>				<p>Digitally signed by Steve Guest DN:cn=Steve Guest,email=steveg@cotc.net,O=central oklahoma telephone co., l.l.c.,l=Davenport OK 74026-0789, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Steve Guest</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>918-377-2241</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431977</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHEROKEE TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Samuel Sanchez</span></p>				<p><small>Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee telephone co.,l= , Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Samuel Sanchez</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">580-434-5375</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">431979</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHICKASAW TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Larry Jones</b></p>				<p><small>Digitally signed by Larry Jones DN:cn=Larry Jones,email=larry@chickasawphone.net,O=chickasaw telephone co.,l=Sulphur OK 73086-0460, Date:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Larry Jones</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>580-622-5223</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431980</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CIMARRON TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">H. Baldwin</span>				<small>Digitally signed by H. Baldwin DN:cn=H. Baldwin,email=hgb@cimtel.net,O=cimarron tel. co.,l=Mannford OK 74044, Date:5/26/2023</small> Date: <span style="color: blue;">5/26/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">H. Baldwin</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">918-865-3311</span>					
Study Area Code of Reporting Carrier	431982		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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.					

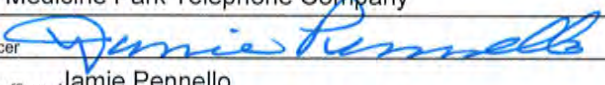
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GRAND TELEPHONE CO. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jason Anderson</b></p>				<p><small>Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand telephone co. inc.,l=Jay OK 74346-0308, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jason Anderson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller/Co-Manager/1st Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>918-253-4231</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>431994</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

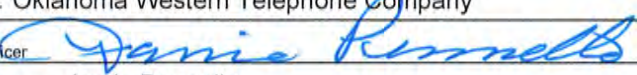
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HINTON TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kenneth Doughty</b></p>				<p>Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton telephone co.,l=Hinton OK 73047, Date:5/25/2023</p>	
<p>Date: <b>5/25/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kenneth Doughty</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>405-542-3262</b></p>					
Study Area Code of Reporting Carrier	<b>431995</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

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 Medicine Park Telephone Company				
Signature of authorized officer 			Date	05/31/23
Printed name of authorized officer Jamie Pennello				
Title or position of authorized officer Vice President of Accounting				
Telephone number of authorized officer: (580) 529-8500 ext.				
Study Area Code of Reporting Carrier	432008	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 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 Oklahoma Western Telephone Company				
Signature of authorized officer 			Date	05/31/23
Printed name of authorized officer Jamie Pennello				
Title or position of authorized officer Vice President of Accounting				
Telephone number of authorized officer: (580) 529-8500				
Study Area Code of Reporting Carrier	432014	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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>POTTAWATOMIE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>H. Baldwin</b></p>				<p><small>Digitally signed by H. Baldwin DN:cn=H. Baldwin,email=hgb@cimtel.net,O=cimarron tel. co.,l=Mannford OK 74044, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>H. Baldwin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>918-865-3311</b></p>					
Study Area Code of Reporting Carrier	<b>432020</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SALINA-SPAVINAW TEL. CO.,INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Boone</span></p>				<p><small>Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel. co.,inc.,l=Salina OK 74365, Date:5/25/2023</small></p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Boone</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">918-434-5392</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432022</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SALINA-SPAVINAW TEL. CO.,INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Scott Boone</span></p>				<small>Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel. co.,inc.,l=Salina OK 74365, Date:7/20/2023</small>  <p>Date: <span style="color: blue;">7/20/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Scott Boone</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">918-434-5392</span></p>					
Study Area Code of Reporting Carrier	432022		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KANOKLA SHIDLER</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Nance</span></p>				<p><small>Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks, Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Nance</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Operating Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">620-845-5682</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432023</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TERRAL TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Chad Segress</span></p>				<p><small>Digitally signed by Chad Segress DN:cn=Chad Segress,email=chad@wavelinx.com,O=terral tel. co.,l= , Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Chad Segress</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">405-609-7164</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432029</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VALLIANT TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tommy Dorries</span></p>				<p><small>Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant telephone company,/=Valliant OK 74764, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tommy Dorries</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">580-933-4400</span></p>					
Study Area Code of Reporting Carrier	432032		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">VALLIANT TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tommy Dorries</span>				<small>Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant telephone company,l=Valliant OK 74764, Date:7/25/2023</small> Date: <span style="color: blue;">7/25/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Tommy Dorries</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">580-933-4400</span>					
Study Area Code of Reporting Carrier	432032		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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


<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WYANDOTTE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Wendy Ottman</span></p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland cty tel. co.,l=Oregon MO 64473, Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Wendy Ottman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">573-835-4051</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">432034</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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 **Cameron Telephone Company - Texas**

Signature of authorized officer  Date **05/31/2023**

Printed name of authorized officer **John R. Walter**

Title or position of authorized officer **EVP, General Counsel and Secretary**

Telephone number of authorized officer: **(913) 387-9328**  
ext.

Study Area Code of Reporting Carrier **440425** Filing Due Date for this form (mm/dd/yyyy) **June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BLOSSOM TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Clint Dorries</b></p>				<p><small>Digitally signed by Clint Dorries DN:cn=Clint Dorries,email=clint@blossomtel.net,O=blossom telephone company,l=Blossom TX 75416, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Clint Dorries</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>903-982-5200</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442038</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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<p>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).</p>					
<p>Name of Reporting Carrier: <b>BIG BEND TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rusty Moore</b></p>				<p><small>Digitally signed by Rusty Moore DN:cn=Rusty Moore,email=rusty.moore@bbtco.com,O=big bend telephone company inc.,l= , Date:5/30/2023</small></p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rusty Moore</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>432-364-0089</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442039</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <b>BRAZORIA TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Garner</b></p>				<p><small>Digitally signed by Mark Garner DN:cn=Mark Garner,email=mark@btel.com,O=brazoria tel. co.,l=BRAZORIA TX 77422, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Mark Garner</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>979-798-2121</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442040</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
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<p>Name of Reporting Carrier: <b>CAP ROCK TELEPHONE COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jim Whitefield</b></p>				<p><small>Digitally signed by Jim Whitefield DN: cn=Jim Whitefield, email=advisory@caprock-spur.com, O=cap rock telephone cooperative, inc., I=Spur TX 79370-0300, Date: 5/24/2023</small></p> <p>Date: <b>5/24/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jim Whitefield</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Executive Vice President/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>806-271-3336</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442046</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CENTRAL TEXAS TELEPHONE CO-OP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jamey Wigley</b></p>				<p>Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas telephone co-op. inc.,l=Goldthwaite TX 76844, Date:5/23/2023</p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jamey Wigley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>325-648-2237</b></p>					
Study Area Code of Reporting Carrier	<b>442052</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COLEMAN COUNTY TELEPHONE CO-OP. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tim Humpert</span></p>				<p><small>Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county telephone co-op. inc.,l=Santa Anna TX 76878, Date:5/23/2023</small></p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tim Humpert</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">325-348-3124</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442057</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">COLORADO VALLEY TELEPHONE CO-OP. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kelly Allison</span></p>				<p><small>Digitally signed by Kelly Allison DN:cn=Kelly Allison,email=kellya@coloradovalley.com,O=colorado valley telephone co-op. inc.,l=La Grange TX 78945, Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kelly Allison</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">979-247-8315</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442059</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

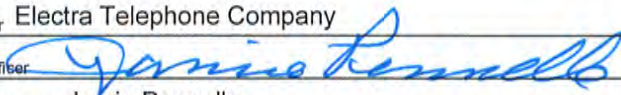
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CUMBY TELEPHONE COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Karen Zimmerman</b></p>				<small>Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karen@cumbytel.net,O=cumby telephone cooperative inc.,l=Cumby TX 75433, Date:5/31/2023</small>  <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Karen Zimmerman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>903-994-2211</b></p>					
Study Area Code of Reporting Carrier	<b>442065</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DELL TEL. CO-OP - TX</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">J Martinez</span></p>				<p><small>Digitally signed by J Martinez DN:cn=J Martinez,email=Ruben@delltelco.com,O=dell telephone co-op. inc. - tx, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">J Martinez</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accounting Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">915-964-2352</span></p>					
Study Area Code of Reporting Carrier	442066		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

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 Electra Telephone Company				
Signature of authorized officer 			Date	05/31/23
Printed name of authorized officer Jamie Pennello				
Title or position of authorized officer Vice President of Accounting				
Telephone number of authorized officer: (580) 529-8500				
Study Area Code of Reporting Carrier		442069	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 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				Border to Border Communications, Inc.	
Signature of authorized officer			Date		05/31/23
Printed name of authorized officer			Jamie Pennello		
Title or position of authorized officer			Vice President of Accounting		
Telephone number of authorized officer:			(580) 529-8500		
Study Area Code of Reporting Carrier		442073	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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GANADO TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bill Rakowitz</b></p>				<p><small>Digitally signed by Bill Rakowitz DN:cn=Bill Rakowitz,email=bill@ykc.com,O=ganado telephone company inc.,l=Ganado TX 77962-0329, Date:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bill Rakowitz</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP - Regulatory &amp; Compliance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>361-771-3331</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442076</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HILL COUNTRY TELEPHONE COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>R. Cook</b></p>				<p><small>Digitally signed by R. Cook DN:cn=R. Cook,email=ccook@hctc.coop,O=hill country telephone cooperative, inc.,l=Ingram TX 78025, Date:5/25/2023</small></p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>R. Cook</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>830-367-5333</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442086</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALENCO COMMUNICATIONS, INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ray Bussell</span></p>				<p><small>Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communications, inc.,l=Joshua TX 76058, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ray Bussell</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">817-447-0127</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442090</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier:      <b>ETS TEL. CO., INC.</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Sam Luxton</b></p>				<p><small>Digitally signed by Sam Luxton DN:cn=Sam Luxton,email=sluxton@entouchsystems.net,O=ets telephone company, inc.,l= , Date:5/31/2023</small></p>	
<p>Date:      <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Sam Luxton</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>281-225-0501</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442091</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LA WARD TELEPHONE EXCHANGE INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Terri Parker</b></p>				<p><small>Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward telephone exchange inc.,l=La Ward TX 77970-0246, Date:5/17/2023</small></p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Terri Parker</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>361-872-2211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442103</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LAKE LIVINGSTON TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">William Whitten</span></p>				<p><small>Digitally signed by William Whitten DN:cn=William Whitten,email=hubw@livingston.net,O=lake livingston tel. co.,l= , Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">William Whitten</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">936-566-4000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442104</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>LIPAN TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Beth Howard</b></p>				<p>Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan telephone company,l=Lipan TX 76462, Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Beth Howard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Sec / Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>254-646-2211</b></p>					
Study Area Code of Reporting Carrier	<b>442105</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LIPAN TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Beth Howard</span></p>				<p><small>Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan telephone company,l=Lipan TX 76462, Date:7/26/2023</small></p>	
<p>Date: <span style="color: blue;">7/26/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Beth Howard</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Sec / Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">254-646-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442105</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MUENSTER TEL. CORP. OF TX DBA NORTEX COMM.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Alan Rohmer</b></p>				<p><small>Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster tel. corp. of tx dba nortex comm.,l=Muenster TX 76252, Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Alan Rohmer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>940-759-2251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442116</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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				Peoples Telephone Cooperative, Inc.	
Signature of authorized officer			Date		05/24/2023
Printed name of authorized officer			Scott Thompson		
Title or position of authorized officer			General Manager/CEO		
Telephone number of authorized officer:			(903) 763-2214		
Study Area Code of Reporting Carrier		442130	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>POKA-LAMBRO TELEPHONE COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Patrick Sherrill</b></p>				<p><small>Digitally signed by Patrick Sherrill DN:cn=Patrick Sherrill,email=psherrill@teampoka.com,O=poka-lambro telephone cooperative, inc.,l= , Date:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Patrick Sherrill</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>806-924-7234</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442131</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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 **Riviera Telephone Company, Inc.**

Signature of Authorized Officer *Billy Colston* Date **5/30/2023**

Printed name of Authorized Officer **Billy Colston, III**

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

Telephone number of Authorized Officer: **(361) 296-3232**, ext.

Study Area Code of Reporting Carrier	<b>442134</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 16, 2023</b>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SOUTH PLAINS TEL. COOP.,INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Wade Maner</b></p>				<p><small>Digitally signed by Wade Maner DN:cn=Wade Maner,email=wade.maner@sptc.coop,O=south plains tel. coop.,inc.,l=Lubbock TX 79408-1379, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Wade Maner</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>806-763-2301</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>442143</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

**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				Riviera Telephone Company, Inc.	
Signature of authorized officer			Date		5/30/2023
Printed name of authorized officer			Billy Colston, III		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(361) 296-3232		
Study Area Code of Reporting Carrier		442134	Filing Due Date for this form (mm/dd/yyyy)	June 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 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				West Texas Rural Telephone Cooperative, Inc.	
Signature of authorized officer			Date		05/18/2023
Printed name of authorized officer			Amy Linzey		
Title or position of authorized officer			Chief Executive Officer		
Telephone number of authorized officer:			(806) 364-3331		
Study Area Code of Reporting Carrier		442166	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">XIT RURAL TELEPHONE CO-OP. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Thomas Hyer</span></p>				<p><small>Digitally signed by Thomas Hyer DN:cn=Thomas Hyer,email=ahyer@xitcomm.net,O=xit rural telephone co-op. inc.,l=Dalhart TX 79022, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Thomas Hyer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">806-384-7502</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442170</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ENMR TEL COOP-TX</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Launa Waller</span></p>				<p><small>Digitally signed by Launa Waller DN:cn=Launa Waller,email=lwaller@plateautel.com,O=e.n.m.r. tel. coop.,inc.-tx,l=Clovis NM 88102, Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Launa Waller</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-389-4211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">442262</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

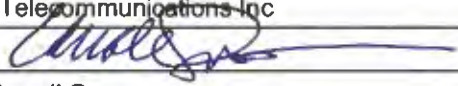
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">ENMR TEL COOP-TX</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Launa Waller</span>				<small>Digitally signed by Launa Waller DN:cn=Launa Waller,email=lwaller@plateautel.com,O=e.n.m.r. tel. coop.,inc.-tx,l=Clovis NM 88102, Date:7/25/2023</small> Date: <span style="color: blue;">7/25/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Launa Waller</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">575-389-4211</span>					
Study Area Code of Reporting Carrier	442262		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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 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				Hopi Telecommunications Inc	
Signature of authorized officer					Date
Printed name of authorized officer			Carroll Onsae		
Title or position of authorized officer			President/General Manger		
Telephone number of authorized officer			(928) 522-8428		
Study Area Code of Reporting Carrier		450815	Filing Due Date for this form (mm/dd/yyyy)	June 18, 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SAN CARLOS APACHE TELECOMM. UTILITY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shirley Ortiz</b></p>				<p><small>Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache telecomm. utility, inc.,I=Peridot AZ 85542, Date:5/26/2023</small></p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shirley Ortiz</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>928-475-7058</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>452169</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

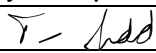
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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				Tohono O'Odham Utility Authority	
Signature of authorized officer		<i>Harriett Toro</i>		Date	05/18/23
Printed name of authorized officer		Harriett Toro			
Title or position of authorized officer		Chairwoman of the Board			
Telephone number of authorized officer:		(520) 240-7400			
Study Area Code of Reporting Carrier	452173	Filing Due Date for this form (mm/dd/yyyy)	June 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 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					Valley Telephone Cooperative, Inc. - AZ			
Signature of authorized officer					Date		5/23/2023	
Printed name of authorized officer			Troy Judd					
Title or position of authorized officer			CFO					
Telephone number of authorized officer:			(520) 384-8934					
Study Area Code of Reporting Carrier			452176		Filing Due Date for this form (mm/dd/yyyy)		June 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.</b>								

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GILA RIVER TELECOM.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jennifer Burkhalter</span></p>				<p><small>Digitally signed by Jennifer Burkhalter DN:cn=Jennifer Burkhalter,email=jburkhalter@gilarivertel.com,O=gila river telecom.,l= , Date: 5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jennifer Burkhalter</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">520-796-8828</span></p>					
Study Area Code of Reporting Carrier	452179		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FORT MOJAVE TELECOMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Scully</b></p>				<p><small>Digitally signed by Michael Scully DN:cn=Michael Scully,email=mscully@ftmojave.net,O=fort mojave telecommunications, inc., Date:5/31/2023</small></p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Michael Scully</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>928-346-2523</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>452200</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDVALE-AZ</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Nick Rynearson</span></p>				<p><small>Digitally signed by Nick Rynearson DN:cn=Nick Rynearson,email=nick.rynearson@mtecom.com,O=midvale telephone exchange, inc.-arizona,l=Midvale ID 83645, Date:5/31/2023</small></p>	
<p>Date: <span style="color: blue;">5/31/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Nick Rynearson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-355-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">452226</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TABLE TOP TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Greg Andreas</span></p>				<p><small>Digitally signed by Greg Andreas DN:cn=Greg Andreas,email=grega@ponderosatel.com,O=table top telephone company, inc.,l= , Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Greg Andreas</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">559-868-6392</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">453334</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>AGATE MUTUAL TELEPHONE COOPERATIVE ASSOC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Judy Hollembeak</b></p>				<p><small>Digitally signed by Judy Hollembeak DN:cn=Judy Hollembeak,email=amtca@amtca.net,O=agate mutual telephone cooperative assoc.,l=Agate CO 80101, Date:5/24/2023</small></p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Judy Hollembeak</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>719-764-2578</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462178</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BIJOU TEL COOPERATIVE ASSOC. INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brian Creveling</span></p>				<p><small>Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel cooperative assoc. inc, Date:5/30/2023</small></p>	
<p>Date: <span style="color: blue;">5/30/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brian Creveling</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">303-822-5400</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462181</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BLANCA TELEPHONE COMPANY DBA BLANCA NETWORKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Alan Wehe</b></p>				<p>Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca telephone company dba blanca networks,l=Alamosa CO 81101, Date:5/24/2023</p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Alan Wehe</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>719-379-3839</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462182</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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				Easstern Slope Rural Telephone Association, Inc	
Signature of authorized officer			Date		05/23/2023
Printed name of authorized officer			John Higgins		
Title or position of authorized officer			Treasurer		
Telephone number of authorized officer:			(719) 743-2441		
Study Area Code of Reporting Carrier		462186	Filing Due Date for this form (mm/dd/yyyy)		June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>FARMERS TEL CO, INC. - COLORADO</b>					
Signature of Authorized Officer or employee: <b>Bill Blackford</b>				<small>Digitally signed by Bill Blackford DN:cn=Bill Blackford,email=bblackford@farmerstelcom.com,O=farmers tel co, inc. - colorado,l=Pleasant View CO 81331, Date:5/31/2023</small>	
Date: <b>5/31/2023</b>					
Printed name of Authorized Officer or employee: <b>Bill Blackford</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>970-562-4211</b>					
Study Area Code of Reporting Carrier	<b>462188</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAXTUN TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tammy Souza</span></p>				<p><small>Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Maccleddy FL 32063-0485, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tammy Souza</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accounting Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">904-259-0036</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462190</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">NUNN TEL. COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue;">Adam Rislov</span>				<small>Digitally signed by Adam Rislov DN:cn=Adam Rislov,email=rislova@ezlink.com,O=nunn tel. company,l=Nunn CO 80648, Date:5/26/2023</small>  Date: <span style="color: blue;">5/26/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Adam Rislov</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">970-897-2200</span>					
Study Area Code of Reporting Carrier	462194		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTH PARK TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Deborah Rand</span></p>				<p><small>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c., Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Deborah Rand</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">603-472-9786</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462195</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PEETZ COOP. TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kathy Glassburn</b></p>				<p><small>Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=kathy@peetzplace.com,O=peetz coop. tel. co.,l=Peetz CO 80747, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Kathy Glassburn</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-334-2220</b></p>					
Study Area Code of Reporting Carrier	<b>462196</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE DRIVE TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Matthew Sellers</span></p>				<p><small>Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel. co.,l=Beulah CO 81023, Date:5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Matthew Sellers</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">719-485-3400</span></p>					
Study Area Code of Reporting Carrier	462198		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PLAINS COOPERATIVE TEL. ASSOC. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Ronny Puckett</b></p>				<p>Digitally signed by Ronny Puckett DN:cn=Ronny Puckett,email=ronnypuckett@plainstel.com,O=plains cooperative tel. assoc. inc.,l=Joes CO 80822, Date:5/26/2023</p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Ronny Puckett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-358-4211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462199</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>RICO TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jeremy Smith</b></p>				<p><small>Digitally signed by Jeremy Smith DN:cn=Jeremy Smith,email=jeremy@directcom.com,O=rico tel. co.,l=Rockland ID 83271, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jeremy Smith</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-548-2345</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462201</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROGGEN TELEPHONE COOPERATIVE CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Young</span></p>				<p><small>Digitally signed by John Young DN:cn=John Young,email=wyoung@rtebb.net,O=roggen telephone cooperative co.,l=Roggen CO 80652, Date:5/19/2023</small></p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Young</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">303-849-5260</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462202</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RYE TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Deborah Rand</span></p>				<p><small>Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c., Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Deborah Rand</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">603-472-9786</span></p>					
Study Area Code of Reporting Carrier	462203		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">RYE TELEPHONE CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Shipley</span>				<small>Digitally signed by David Shipley DN: cn=David Shipley, email=david.shipley@highlinefast.com, O=the rye telephone company inc., l=Colorado City CO 81019-0166, Date: 7/26/2023</small>  Date: <span style="color: blue;">7/26/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">David Shipley</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">719-676-3131</span>					
Study Area Code of Reporting Carrier	462203		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STONEHAM COOPERATIVE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aimee Dollerschell</b></p>				<p><small>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=aimeed@stonehamtel.com,O=stoneham cooperative tel. co.,l=Stoneham CO 80754, Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Aimee Dollerschell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-735-2251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462206</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STONEHAM COOPERATIVE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aimee Dollerschell</b></p>				<p><small>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=aimeed@stonehamtel.com,O=stoneham cooperative tel. co.,l=Stoneham CO 80754, Date:7/21/2023</small></p> <p>Date: <b>7/21/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Aimee Dollerschell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>970-735-2251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>462206</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>7/31/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WIGGINS TEL. ASSOC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Terry Hendrickson</span></p>				<p><small>Digitally signed by Terry Hendrickson DN:cn=Terry Hendrickson,email=terry@wigginstel.com,O=wiggins tel. assoc.,l=Wiggins CO 80654-0690, Date:5/22/2023</small></p>	
<p>Date: <span style="color: blue;">5/22/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Terry Hendrickson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">970-483-7343</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462209</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILLARD TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aimee Dollerschell</span></p>				<p><small>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel. co.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Aimee Dollerschell</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">970-228-4571</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462210</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILLARD TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aimee Dollerschell</span></p>				<p><small>Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel. co.,l= , Date:7/21/2023</small></p> <p>Date: <span style="color: blue;">7/21/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Aimee Dollerschell</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">970-228-4571</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">462210</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALBION TEL. CO. D/B/A ATC COMMUNICATIONS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Rich Redman</span></p>				<p><small>Digitally signed by Rich Redman DN:cn=Rich Redman,email=rredman@atcomm.com,O=albion tel. co. d/b/a atc communications,l=Albion ID 83311, Date:5/25/2023</small></p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rich Redman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-673-5335</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472213</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CUSTER TEL. COOPERATIVE INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Bennetts</b></p>				<p><small>Digitally signed by James Bennetts DN:cn=James Bennetts,email=jd.bennetts@custerel.com,O=custer tel. cooperative inc.,l=Challis ID 83226, Date:5/26/2023</small></p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Bennetts</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-879-2281</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472218</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>FILER MUT-ID/TRULEAP</b>					
Signature of Authorized Officer or employee: <b>Bob Kraut</b>				<small>Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel. company-id dba truleap tech,I=Filer ID 83328-0089, Date:5/31/2023</small>	
Date: <b>5/31/2023</b>					
Printed name of Authorized Officer or employee: <b>Bob Kraut</b>					
Title or position of Authorized Officer or employee: <b>General Manager/COO</b>					
Telephone number of Authorized Officer or employee: <b>208-326-4330</b>					
Study Area Code of Reporting Carrier	<b>472220</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>FARMERS MUTUAL TEL CO LTD. - ID</b>					
Signature of Authorized Officer or employee: <b>Ronald Rembelski</b>				<small>Digitally signed by Ronald Rembelski DN: cn=Ronald Rembelski, email=ron.r@fmtc.com, O=farmers mutual tel co ltd. - id, j=Fruitland ID 83619, Date: 5/18/2023</small> Date: <b>5/18/2023</b>	
Printed name of Authorized Officer or employee: <b>Ronald Rembelski</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>208-452-2000</b>					
Study Area Code of Reporting Carrier	<b>472221</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDVALE TEL EXCH INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Nick Rynearson</span></p>				<p><small>Digitally signed by Nick Rynearson DN:cn=Nick Rynearson,email=nick.rynearson@mtecom.com,O=midvale telephone exchange, inc.-arizona,l=Midvale ID 83645, Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Nick Rynearson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accountant</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-355-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472226</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MUD LAKE TELEPHONE COOPERATIVE ASSN. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Valeri Steigerwald</b></p>				<p><small>Digitally signed by Valeri Steigerwald DN:cn=Valeri Steigerwald,email=steigerwald.v@mudlake.us,O=mud lake telephone cooperative assn. inc.,l=Dubois ID 83424, Date:5/31/2023</small></p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Valeri Steigerwald</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-374-6517</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>472227</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PROJECT MUTUAL TEL. COOP. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Rick Harder</span></p>				<p><small>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel. coop. assn.,l= , Date:5/23/2023</small></p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Harder</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-434-7124</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472231</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PROJECT MUTUAL TEL. COOP. ASSN.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Rick Harder</span></p>				<p><small>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel. coop. assn.,l= , Date:7/26/2023</small></p>	
<p>Date: <span style="color: blue;">7/26/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Harder</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-434-7124</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472231</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">7/31/2023</span>	
<p><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.</b></p>					

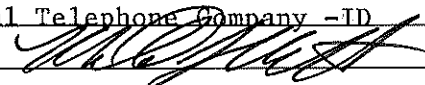
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DIRECT COMM-ROCKLAND</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Timothy May</span></p>				<p><small>Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Timothy May</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-548-2345</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">472232</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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 <u>Rural Telephone Company -ID</u>			
Signature of authorized officer <u>X</u> 	Date	05/30/23	
Printed name of authorized officer <u>Michael J. Martell</u>			
Title or position of authorized officer <u>Vice-President</u>			
Telephone number of authorized officer: ( <u>208</u> ) <u>366</u> <u>2614</u> , ext.			
Study Area Code of Reporting Carrier	<u>472233</u>	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INLAND TEL-ID</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Brooks</span></p>				<p><small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - id,l=Roslyn WA 98941, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Brooks</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer/Controller/Reg. Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">509-649-2211</span></p>					
Study Area Code of Reporting Carrier	472423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INLAND TEL-ID</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Brooks</span></p>				<p><small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - id,l=Roslyn WA 98941, Date:7/24/2023</small></p> <p>Date: <span style="color: blue;">7/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Brooks</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer/Controller/Reg. Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">509-649-2211</span></p>					
Study Area Code of Reporting Carrier	472423		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN TEL. CO. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Bryce Daniel</span></p>				<p><small>Digitally signed by Bryce Daniel DN:cn=Bryce Daniel,email=bryced@lincel.net,O=lincoln tel. co. inc.,l= , Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Bryce Daniel</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-362-4216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482244</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTHERN TEL. COOP INC.- MT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Aimee Dietrich</b></p>				<p><small>Digitally signed by Aimee Dietrich DN:cn=Aimee Dietrich,email=adietrich@northerntel.net,O=northern tel. coop inc.- mt,l=Sunburst MT 59482, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Aimee Dietrich</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-937-2114</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>482248</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANGE TEL COOP-MT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gail Rainey</span></p>				<p><small>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. coop inc.-mt,l=Forsyth MT 59327, Date:5/17/2023</small></p>	
<p>Date: <span style="color: blue;">5/17/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gail Rainey</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-347-2859</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SOUTHERN MONTANA TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Doran Fluckiger</span></p>				<p><small>Digitally signed by Doran Fluckiger DN:cn=Doran Fluckiger,email=doran@smtel.com,O=southern montana tel. co.,l=Wisdom MT 59761, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Doran Fluckiger</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-689-3333</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482254</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">SOUTHERN MONTANA TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Doran Fluckiger</span>				<small>Digitally signed by Doran Fluckiger DN:cn=Doran Fluckiger,email=doran@smtel.com,O=southern montana tel. co.,l=Wisdom MT 59761, Date:7/20/2023</small> Date: <span style="color: blue;">7/20/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Doran Fluckiger</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">406-689-3333</span>					
Study Area Code of Reporting Carrier	482254		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRIANGLE TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Craig Gates</span></p>				<p><small>Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle tel. cooperative assn. inc.,l=Havre MT 59501, Date:5/23/2023</small></p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Craig Gates</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-394-7807</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482257</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SIYCOM</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Brian DeMarco</span></p>				<p><small>Digitally signed by Brian DeMarco DN:cn=Brian DeMarco,email=brian@siycom.com,O=siyeh communications,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brian DeMarco</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-244-2160</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482485</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TRIANGLE-CMC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Craig Gates</span></p>				<p><small>Digitally signed by Craig Gates DN:cn=Craig Gates,email=cgates@itstriangle.net,O=triangle tel. cooperative assn. inc.,l=Havre MT 59501, Date:5/23/2023</small></p>	
<p>Date: <span style="color: blue;">5/23/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Craig Gates</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-394-7807</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">483310</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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).

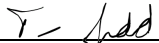
Name of Reporting Carrier				Mescalero Apache Telecom, Inc.	
Signature of authorized officer			Date		5/31/23
Printed name of authorized officer			Godfrey Enjady		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer:			(575) 464-4039		
Study Area Code of Reporting Carrier		491231	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DELL TEL CO-OP - NM</b></p>					
<p>Signature of Authorized Officer or employee: <b>J Martinez</b></p>				<p><small>Digitally signed by J Martinez DN:cn=J Martinez,email=Ruben@delltelco.com,O=dell telephone co-op. inc. - tx,lc= , Date:5/25/2023</small></p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>J Martinez</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Accounting Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>915-964-2352</b></p>					
Study Area Code of Reporting Carrier	<b>492066</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

**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					Valley Telephone Cooperative, Inc. - NM			
Signature of authorized officer					Date		5/23/2023	
Printed name of authorized officer			Troy Judd					
Title or position of authorized officer			CFO					
Telephone number of authorized officer:			(520) 384-8934					
Study Area Code of Reporting Carrier			492176		Filing Due Date for this form (mm/dd/yyyy)		June 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.</b>								

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">BACA VALLEY TEL. CO.</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Paul Briesh</span>				<small>Digitally signed by Paul Briesh DN:cn=Paul Briesh,email=paulbvt@bacavalley.net,O=baca valley tel. co.,l=Des Moines NM 88418, Date:5/17/2023</small> Date: <span style="color: blue;">5/17/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Paul Briesh</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">575-278-2101</span>					
Study Area Code of Reporting Carrier	492259		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ENMR TEL COOP INC-NM</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Launa Waller</span></p>				<p><small>Digitally signed by Launa Waller DN:cn=Launa Waller,email=lwaller@plateautel.com,O=e.n.m.r. tel. coop.,inc.-tx,l=Clovis NM 88102, Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Launa Waller</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-389-4211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492262</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LA JICARITA RURAL TEL. COOP. INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Danny Gray</span></p>				<small>Digitally signed by Danny Gray DN:cn=Danny Gray,email=dgray@lajicarita.com,O=la jicarita rural tel. coop. inc.,l=Mora NM 87732-0269, Date:5/31/2023</small>  <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Danny Gray</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-387-2216</span></p>					
Study Area Code of Reporting Carrier	492263		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEACO RURAL TEL. COOPERATIVE INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Jimenez</span></p>				<p><small>Digitally signed by David Jimenez DN:cn=David Jimenez,email=djimenez@leaco.org,O=leaco rural tel. cooperative inc.,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Jimenez</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-370-5010</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492264</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">Tularosa Basin Telephone Company, Inc.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Joshua Beug</span></p>				<p><small>Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbc.net,O=tularosa basin telephone company, inc.,l= , Date:5/31/2023</small></p> <p>Date: <span style="color: blue;">5/31/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joshua Beug</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-585-0125</span></p>					
Study Area Code of Reporting Carrier	492265		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTERN NEW MEXICO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Daniel Meszler</span></p>				<p><small>Digitally signed by Daniel Meszler DN:cn=Daniel Meszler,email=dmeszler@wnmt.com,O=western new mexico tel. co., inc.,l=Silver City NM 88061, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Daniel Meszler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager &amp; President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-388-2546</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492268</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PENASCO VALLEY TEL. COOPERATIVE INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kurt Garrard</span></p>				<p><small>Digitally signed by Kurt Garrard DN:cn=Kurt Garrard,email=kgarrard@pvt.com,O=penasco valley tel. cooperative inc.,l= , Date:5/30/2023</small></p>	
<p>Date: <span style="color: blue;">5/30/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kurt Garrard</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-748-1241</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492270</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ROOSEVELT COUNTY RURAL TEL. COOP., INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Cecile Archibeque</span></p>				<p><small>Digitally signed by Cecile Archibeque DN: cn=Cecile Archibeque, email=carchibeque@yuccatelecom.com, O=roosevelt county rural tel. coop., inc., l=Portales NM 88130-0867, Date: 5/23/2023</small></p> <p>Date: <span style="color: blue;">5/23/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Cecile Archibeque</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/EVP</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-226-2255</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">492272</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SACRED WIND COMMUNICATIONS, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Terry Clark</b></p>				<p><small>Digitally signed by Terry Clark DN:cn=Terry Clark,email=tclark@sacredwindnm.com,O=sacred wind communications, inc.,l= , Date:5/24/2023</small></p>	
<p>Date: <b>5/24/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Terry Clark</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>505-908-2661</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>493403</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DIRECTCOMM-CEDAR VAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kip Wilson</b></p>				<p>Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=direct communications cedar valley, llc,l=Rockland ID 83271, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kip Wilson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-548-2345</b></p>					
Study Area Code of Reporting Carrier	<b>500758</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CENTRAL UTAH TEL INC</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Plows</span>				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=central utah tel. inc.,l= , Date:5/24/2023</small>  Date: <span style="color: blue;">5/24/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Plows</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">702-396-0151</span>					
Study Area Code of Reporting Carrier	502277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GUNNISON TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Natalie Gleave</b></p>				<p><small>Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel. co.,l=Gunnison UT 84634, Date:5/17/2023</small></p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Natalie Gleave</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller/Director</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>435-528-7236</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>502279</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">MANTI TELEPHONE COMPANY</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dallas Cox</span>				<small>Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti telephone company, Date:5/25/2023</small>  Date: <span style="color: blue;">5/25/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Dallas Cox</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President and General Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">435-835-3391</span>					
Study Area Code of Reporting Carrier	502282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">SKYLINE TELECOM</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Plows</span>				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=central utah tel. inc.,l= , Date:5/24/2023</small>  Date: <span style="color: blue;">5/24/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Plows</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">702-396-0151</span>					
Study Area Code of Reporting Carrier	502283		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BEEHIVE TEL CO - UT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Larry Mason</span></p>				<p><small>Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone co., inc., ut, Date:5/30/2023</small></p>	
<p>Date: <span style="color: blue;">5/30/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Larry Mason</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Senior Vice President Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">435-837-6000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502284</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">BEAR LAKE COMM</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Plows</span>				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=central utah tel. inc.,l= , Date:5/24/2023</small>  Date: <span style="color: blue;">5/24/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Plows</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">702-396-0151</span>					
Study Area Code of Reporting Carrier	503032		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RANGE TEL COOP - WY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gail Rainey</span></p>				<p><small>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. coop inc.-mt,l=Forsyth MT 59327, Date:5/17/2023</small></p> <p>Date: <span style="color: blue;">5/17/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gail Rainey</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-347-2859</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">512251</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUBOIS TEL EXCHANGE</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gail Rainey</span></p>				<p><small>Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. coop inc.-mt,l=Forsyth MT 59327, Date:5/17/2023</small></p>	
<p>Date: <span style="color: blue;">5/17/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gail Rainey</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-347-2859</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">512291</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTGATE COMMUNICATIONS LLC dba WEAVTEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Richard Weaver</span></p>				<p><small>Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=richard@weavnet.com,O=westgate communications llc dba weavtel,l=Wenatchee WA 98807, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Weaver</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">509-682-5556</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">520580</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SKYLINE TELECOM CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Delinda Kluser</span></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Delinda Kluser</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President, Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">541-932-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">520581</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

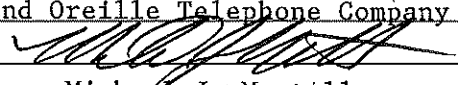
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HAT ISLAND TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gary Ricketts</span></p>				<p><small>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gary Ricketts</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-321-0051</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522417</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

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 <u>Pend Oreille Telephone Company</u>			
Signature of authorized officer 		Date	<u>05/30/23</u>
Printed name of authorized officer		<u>Michael J. Martell</u>	
Title or position of authorized officer		<u>Vice-President</u>	
Telephone number of authorized officer:		<u>2083662614</u> , ext.	
Study Area Code of Reporting Carrier	<u>522418</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>June 16, 2023</u>
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HOOD CANAL TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Richard Buechel</b></p>				<p><small>Digitally signed by Richard Buechel DN:cn=Richard Buechel,email=rbuechel@hcc.net,O=hood canal telephone company,l=Union WA 98592, Date:5/22/2023</small></p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Richard Buechel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-898-2481</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522419</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">INLAND TEL CO -WA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Brooks</span></p>				<p><small>Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland telephone company - id,l=Roslyn WA 98941, Date:5/22/2023</small></p> <p>Date: <span style="color: blue;">5/22/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Brooks</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer/Controller/Reg. Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">509-649-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522423</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KALAMA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rick Vitzthum</b></p>				<p><small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,l=Tenino WA 98589, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Rick Vitzthum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-264-3155</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522426</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MASHELL TELECOM INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brian Haynes</b></p>				<p><small>Digitally signed by Brian Haynes DN:cn=Brian Haynes,email=brian.haynes@rainierconnect.net,O=mashell telecom inc.,l=Eatonville WA 98328, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Brian Haynes</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-892-4130</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522431</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PIONEER TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dallas Filan</b></p>				<p><small>Digitally signed by Dallas Filan DN:cn=Dallas Filan,email=dfilan@pionnet.com,O=pioneer telephone company,l=Lacrosse WA 99143, Date:5/31/2023</small></p> <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Dallas Filan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>509-549-3511</b></p>					
Study Area Code of Reporting Carrier	<b>522437</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ST. JOHN TELEPHONE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Joseph Dennis</b></p>				<small>Digitally signed by Joseph Dennis DN:cn=Joseph Dennis,email=joe@stjohncable.com,O=st. john telephone, inc.,I=Saint John WA 99171-0268, Date:5/23/2023</small>  <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Joseph Dennis</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP of Operations-Outside Plant</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>509-648-3322</b></p>					
Study Area Code of Reporting Carrier	<b>522442</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TENINO TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rick Vitzthum</b></p>				<p><small>Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama telephone company,l=Tenino WA 98589, Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rick Vitzthum</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-264-3155</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522446</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TOLEDO TELEPHONE COMPANY INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Philip Cappalonga</b></p>				<p><small>Digitally signed by Philip Cappalonga DN: cn=Philip Cappalonga, email=phil@toledotel.net, O=toledo telephone company inc.,   = , Date: 5/30/2023</small></p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Philip Cappalonga</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-864-2004</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>522447</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTERN WAHKIAKUM COUNTY TEL COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kenneth Johnson</span></p>				<p><small>Digitally signed by Kenneth Johnson DN:cn=Kenneth Johnson,email=kjohnson@wwest.net,O=western wahkiakum county tel company,l=Rosburg WA 98643, Date:5/24/2023</small></p> <p>Date: <span style="color: blue;">5/24/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kenneth Johnson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/GM</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-465-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522451</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WHIDBEY TEL CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gary Ricketts</span></p>				<p><small>Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gary Ricketts</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-321-0051</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522452</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BEAVER CREEK COOPERATIVE TEL. CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Hauer</b></p>				<p><small>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=beaver creek cooperative tel. co.,l=Mt. Angel OR 97362, Date:5/25/2023</small></p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Paul Hauer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-845-4433</b></p>					
Study Area Code of Reporting Carrier	<b>532359</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CLEAR CREEK MUTUAL TELEPHONE CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jason Henke</span></p>				<p><small>Digitally signed by Jason Henke DN:cn=Jason Henke,email=jhenke@clearcreek.coop,O=clear creek mutual telephone co.,l= , Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jason Henke</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-631-2101</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532363</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COLTON TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Geri Fraijo</b></p>				<p><small>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=geri@coltontel.com,O=colton telephone company,l=Colton OR 97017, Date:5/26/2023</small></p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Geri Fraijo</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-824-3211</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532364</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>EAGLE TELEPHONE SYSTEM INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike Lattin</b></p>				<p><small>Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle telephone system inc.,I=Richland OR 97870, Date:5/23/2023</small></p> <p>Date: <b>5/23/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Mike Lattin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-893-6111</b></p>					
Study Area Code of Reporting Carrier	<b>532369</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">CASCADE UTIL INC</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brooke Wheeler</span>				<small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/30/2023</small>  Date: <span style="color: blue;">5/30/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Brooke Wheeler</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">503-630-8952</span>					
Study Area Code of Reporting Carrier	532371		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>GERVAIS TELEPHONE COMPANY DBA DATAVISION</b></p>					
<p>Signature of Authorized Officer or employee: <b>Renee Willer</b></p>				<p><small>Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais telephone company dba datavision,l=Gervais OR 97026, Date:5/25/2023</small></p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Renee Willer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-792-5500</b></p>					
Study Area Code of Reporting Carrier	<b>532373</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

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					Roome Telecommunications Inc	
Signature of authorized officer				Date		05/24/2023
Printed name of authorized officer				Jenifer Vellucci		
Title or position of authorized officer				CFO		
Telephone number of authorized officer:				(559) 534-2210		
Study Area Code of Reporting Carrier		532375	Filing Due Date for this form (mm/dd/yyyy)		June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">HELIX TEL CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Delinda Kluser</span></p>				<small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2023</small>  <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Delinda Kluser</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President, Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">541-932-4411</span></p>					
Study Area Code of Reporting Carrier	532376		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>HOME TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2023</small> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
Study Area Code of Reporting Carrier	<b>532377</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>TRANS-CASCADES TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brooke Wheeler</b></p>				<p><small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-630-8952</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532378</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MOLALLA TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Terry Simms</b></p>				<p><small>Digitally signed by Terry Simms DN:cn=Terry Simms,email=TSimms@molalla.com,O=molalla telephone company,l= , Date:5/23/2023</small></p>	
<p>Date: <b>5/23/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Terry Simms</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President/CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-829-1122</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532383</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MONITOR COOPERATIVE TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Geri Fraijo</b></p>				<small>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor cooperative telephone co,l= , Date:5/26/2023</small>  <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Geri Fraijo</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-634-2266</b></p>					
Study Area Code of Reporting Carrier	<b>532384</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>MONROE TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Mills</b></p>				<p>Digitally signed by David Mills DN:cn=David Mills,email=NECAaffairs@monroetel.com,O=monroe telephone company,l=Monroe OR 97456-0130, Date:5/17/2023</p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Mills</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-847-5135</b></p>					
Study Area Code of Reporting Carrier	<b>532385</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

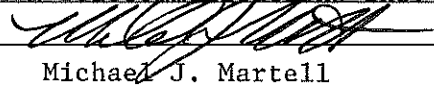
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CANBY-MT ANGEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Paul Hauer</span></p>				<p>Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby telephone association (mt. angel),l=Mt. Angel OR 97362, Date:5/25/2023</p>	
<p>Date: <span style="color: blue;">5/25/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Paul Hauer</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-632-6314</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532386</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p>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.</p>					

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 <u>Nehalem Telecommunications Inc.</u>			
Signature of authorized officer <u>X</u> 		Date	<u>05/30/23</u>
Printed name of authorized officer		<u>Michael J. Martell</u>	
Title or position of authorized officer		<u>Vice-President</u>	
Telephone number of authorized officer:		<u>2083662614</u> , ext.	
Study Area Code of Reporting Carrier	<u>532387</u>	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTH STATE TEL CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532388</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">OREGON TEL CORP</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Delinda Kluser</span>				<small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2023</small>  Date: <span style="color: blue;">5/18/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Delinda Kluser</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President, Manager</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">541-932-4411</span>					
Study Area Code of Reporting Carrier	532389		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OREGON-IDAHO UTIL.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Justin Perez</span></p>				<p><small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho utilities, inc.,l=Nampa ID 83653, Date:5/19/2023</small></p> <p>Date: <span style="color: blue;">5/19/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Justin Perez</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-461-7802</span></p>					
Study Area Code of Reporting Carrier	532390		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <b>PEOPLES TEL CO. - OR</b>					
Signature of Authorized Officer or employee: <b>Erik Hoefer</b>				<small>Digitally signed by Erik Hoefer DN:cn=Erik Hoefer,email=ehoefer@sctcweb.com,O=peoples telephone co. - or,l=Stayton OR 97383, Date:5/19/2023</small> Date: <b>5/19/2023</b>	
Printed name of Authorized Officer or employee: <b>Erik Hoefer</b>					
Title or position of Authorized Officer or employee: <b>President/CEO</b>					
Telephone number of Authorized Officer or employee: <b>503-769-4624</b>					
Study Area Code of Reporting Carrier	<b>532391</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</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.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE TEL SYSTEM INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Delinda Kluser</span></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2023</small></p>	
<p>Date: <span style="color: blue;">5/18/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Delinda Kluser</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President, Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">541-932-4411</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532392</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PIONEER TELEPHONE COOP. DBA PIONEER CONNECT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kurtis Kontur</b></p>				<p>Digitally signed by Kurtis Kontur DN:cn=Kurtis Kontur,email=kurtiskontur@pioneerconnect.net,O=pioneer telephone coop. dba pioneer connect,l=Philomath OR 97370, Date:5/17/2023</p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kurtis Kontur</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-929-8225</b></p>					
Study Area Code of Reporting Carrier	<b>532393</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ST. PAUL COOP. TEL. ASSN.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Joel Halter</b></p>				<p>Digitally signed by Joel Halter DN:cn=Joel Halter,email=joel@stpaultel.com,O=st. paul coop. tel. assn.,l=St. Paul OR 97137, Date:5/18/2023</p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Joel Halter</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-633-2111</b></p>					
Study Area Code of Reporting Carrier	<b>532396</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>STAYTON COOP TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Erik Hoefer</b></p>				<p><small>Digitally signed by Erik Hoefer DN:cn=Erik Hoefer,email=ehoefer@sctcweb.com,O=peoples telephone co. - or,!=Stayton OR 97383, Date:5/19/2023</small></p> <p>Date: <b>5/19/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Erik Hoefer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-769-4624</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>532399</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OREGON TEL CORP-MTE</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Delinda Kluser</span></p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=deedeek@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865-0609, Date:5/18/2023</small></p> <p>Date: <span style="color: blue;">5/18/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Delinda Kluser</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President, Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">541-932-4411</span></p>					
Study Area Code of Reporting Carrier	533336		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CALAVERAS TELEPHONE COMPANY</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Rose Cullen</span></p>				<p><small>Digitally signed by Rose Cullen DN:cn=Rose Cullen,email=rose.cullen@caltel.com,O=calaveras telephone company,l=Copperopolis CA 95228, Date:5/30/2023</small></p>	
<p>Date: <span style="color: blue;">5/30/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rose Cullen</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">209-785-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542301</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CAL-ORE TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Kristi Olson</span></p>				<p><small>Digitally signed by Kristi Olson DN:cn=Kristi Olson,email=kristi@calore.net,O=cal-ore telephone co.,l=Dorris CA 96023, Date:5/26/2023</small></p>	
<p>Date: <span style="color: blue;">5/26/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kristi Olson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Accounting Manager/CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">530-397-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542311</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>DUCOR TELEPHONE COMPANY dba VARCOMM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jenifer Vellucci</b></p>				<p><small>Digitally signed by Jenifer Vellucci DN:cn=Jenifer Vellucci,email=jvellucci@varcomm.biz,O=ducor telephone company dba varcomm, D=Ducor CA 93218, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Jenifer Vellucci</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President &amp; CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>559-534-2210</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542313</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FORESTHILL-SEBASTIAN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rhonda Armstrong</b></p>				<p><small>Digitally signed by Rhonda Armstrong DN:cn=Rhonda Armstrong,email=ramstrong@sebastiancorp.com,O=forest hill telephone company dba sebastian,lc= , Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Rhonda Armstrong</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President - Operations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>559-846-7780</b></p>					
Study Area Code of Reporting Carrier	<b>542318</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>KERMAN TEL-SEBASTIAN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rhonda Armstrong</b></p>				<p>Digitally signed by Rhonda Armstrong DN:cn=Rhonda Armstrong,email=ramstrong@sebastiancorp.com,O=forest hill telephone company dba sebastian,l= , Date:5/22/2023</p>	
<p>Date: <b>5/22/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rhonda Armstrong</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President - Operations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>559-846-7780</b></p>					
Study Area Code of Reporting Carrier	<b>542324</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE PONDEROSA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Greg Andreas</b></p>				<small>Digitally signed by Greg Andreas DN:cn=Greg Andreas,email=grega@ponderosatel.com,O=table top telephone company, inc.,l= , Date:5/31/2023</small>  <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Greg Andreas</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>559-868-6392</b></p>					
Study Area Code of Reporting Carrier	<b>542332</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SIERRA TELEPHONE COMPANY, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cynthia Huber</b></p>				<p><small>Digitally signed by Cynthia Huber DN:cn=Cynthia Huber,email=cindyh@stcg.net,O=sierra telephone company, inc.,l=Oakhurst CA 93644, Date:5/18/2023</small></p> <p>Date: <b>5/18/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Cynthia Huber</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>559-642-0209</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542338</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>THE SISKIYOU TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Russell Elliott</b></p>				<p><small>Digitally signed by Russell Elliott DN:cn=Russell Elliott,email=r.elliott@siskiyoutelephone.com,O=the siskiyou telephone co.,l=Etna CA 96027, Date:5/26/2023</small></p> <p>Date: <b>5/26/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Russell Elliott</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>530-467-6120</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>542339</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>VOLCANO TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brenda Shepard</b></p>				<small>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano telephone company, Date:5/30/2023</small>  <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Brenda Shepard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>209-296-1447</b></p>					
Study Area Code of Reporting Carrier	<b>542343</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>PINNACLES TELEPHONE COMPANY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Steven Bryan</b></p>				<small>Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles telephone company,lc= , Date:5/31/2023</small>  <p>Date: <b>5/31/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Steven Bryan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>831-389-4500</b></p>					
Study Area Code of Reporting Carrier	<b>542346</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>FILER MUT-NV/TRULEAP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bob Kraut</b></p>				<p>Digitally signed by Bob Kraut DN:cn=Bob Kraut,email=bkraut@truleap.net,O=filer mutual tel. company-id dba truleap tech,I=Filer ID 83328-0089, Date:5/31/2023</p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bob Kraut</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/COO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-326-4330</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>552220</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

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 <u>Rural Telephone Company - NV</u>			
Signature of authorized officer <i>[Signature]</i>		Date	<u>05/30/23</u>
Printed name of authorized officer <u>Michael J. Martell</u>			
Title or position of authorized officer <u>Vice-President</u>			
Telephone number of authorized officer: <u>2083662614</u> , ext. <u></u>			
Study Area Code of Reporting Carrier	<u>552233</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>June 16, 2023</u>

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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BEEHIVE TEL CO - NV</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Larry Mason</span></p>				<p><small>Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone co., inc., ut, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Larry Mason</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Senior Vice President Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">435-837-6000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552284</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>CHURCHILL COUNTY TEL. DBA CC COMMUNICATIONS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mark Feest</b></p>				<p><small>Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@cccomm.co,O=churchill county tel. dba cc communications,l=Fallon NV 89407, Date:5/25/2023</small></p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Mark Feest</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>775-423-7654</b></p>					
Study Area Code of Reporting Carrier	<b>552349</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN COUNTY TELEPHONE SYSTEM INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">John Christian, III</span></p>				<p><small>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln county telephone system inc.,I=Pioche NV 89043, Date:5/19/2023</small></p>	
<p>Date: <span style="color: blue;">5/19/2023</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Christian, III</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">775-962-5131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552351</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RIO VIRGIN TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Brooke Wheeler</span></p>				<p><small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade utilities inc.,l=Estacada OR 97023, Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brooke Wheeler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-630-8952</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552356</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p>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.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">HUMBOLDT TEL CO</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Justin Perez</span>				<small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho utilities, inc.,l=Nampa ID 83653, Date:5/19/2023</small> Date: <span style="color: blue;">5/19/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Justin Perez</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">208-461-7802</span>					
Study Area Code of Reporting Carrier	553304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier:      <b>ADAK EAGLE ENTERPRISES, LLC dba ADAK TEL UTIL</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Larry Mayes</b></p>				<p><small>Digitally signed by Larry Mayes DN:cn=Larry Mayes,email=lmayes@adaktu.net,O=adak eagle enterprises, llc dba adak tel util, = , Date:5/30/2023</small></p>	
<p>Date:      <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Larry Mayes</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>907-222-0844</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>610989</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>ARCTIC SLOPE TEL. ASSOCIATION COOP.INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Sarah Sandbak</b></p>				<p><small>Digitally signed by Sarah Sandbak DN:cn=Sarah Sandbak,email=sarah@astac.net,O=arctic slope tel. association coop.inc.,l= , Date:5/18/2023</small></p>	
<p>Date: <b>5/18/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Sarah Sandbak</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-351-7050</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613001</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
Name of Reporting Carrier: <span style="color: blue;">BETTLES TEL CO INC</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mary Jo Quandt</span>				<small>Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=north country telephone company,l=Port Townsend WA 98368, Date:5/25/2023</small> Date: <span style="color: blue;">5/25/2023</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Mary Jo Quandt</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">V/P Chief Customer Operations</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">360-385-1733</span>					
Study Area Code of Reporting Carrier	613002		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BRISTOL BAY TELEPHONE COOP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Tanya Moorcroft</b></p>				<p><small>Digitally signed by Tanya Moorcroft DN:cn=Tanya Moorcroft,email=tanyam@bristolbay.com,O=bristol bay telephone coop. inc.,l=King Salmon AK 99613-0259, Date:5/31/2023</small></p>	
<p>Date: <b>5/31/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Tanya Moorcroft</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller/Asst General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-246-3403</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613003</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>BUSH-TELL INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Roy Wrazen</b></p>				<p><small>Digitally signed by Roy Wrazen DN:cn=Roy Wrazen,email=roywrazen@bush-tell.com,O=bush-tell incorporated,l=Aniak AK 99557-0109, Date:5/30/2023</small></p> <p>Date: <b>5/30/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Roy Wrazen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-675-4311</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613004</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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				Circle Telephone & Electric, LLC	
Signature of authorized officer			Date		5/29/23
Printed name of authorized officer			Shawn DeVore		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(907) 773-5500		
Study Area Code of Reporting Carrier		613005	Filing Due Date for this form (mm/dd/yyyy)	June 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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>COPPER VALLEY TEL. COOP. INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Laura Kompkoff</b></p>				<p><small>Digitally signed by Laura Kompkoff DN:cn=Laura Kompkoff,email=lkompkoff@cvtc.org,O=copper valley tel. coop. inc.,l=Valdez AK 99686, Date:5/22/2023</small></p> <p>Date: <b>5/22/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Laura Kompkoff</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-835-7712</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613006</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>INTERIOR TEL CO INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brett Carter</b></p>				<p><small>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc.,l= , Date:5/30/2023</small></p>	
<p>Date: <b>5/30/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brett Carter</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President &amp; GM of Alaska Market</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-563-2003</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613011</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MUKLUK TEL CO INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Brett Carter</span></p>				<p><small>Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc.,l= , Date:5/30/2023</small></p> <p>Date: <span style="color: blue;">5/30/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brett Carter</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President &amp; GM of Alaska Market</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-563-2003</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613016</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ALASKA TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mary Jo Quandt</span></p>				<p><small>Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=north country telephone company,l=Port Townsend WA 98368, Date:5/25/2023</small></p> <p>Date: <span style="color: blue;">5/25/2023</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mary Jo Quandt</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">V/P Chief Customer Operations</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-385-1733</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613017</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2023</span>	
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NUSHAGAK ELECTRIC &amp; TELEPHONE COOP., INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>William Chaney</b></p>				<p><small>Digitally signed by William Chaney DN:cn=William Chaney,email=wchaney@nushagak.coop,O=nushagak electric &amp; telephone coop., inc.,l=Dillingham AK 99576, Date:5/17/2023</small></p>	
<p>Date: <b>5/17/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>William Chaney</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/GM</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-842-5251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613018</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>OTZ TELEPHONE COOPERATIVE, INC.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kelly Williams</b></p>				<p><small>Digitally signed by Kelly Williams DN:cn=Kelly Williams,email=kwilliams@otz.org,O=otz telephone cooperative, inc., Date:5/26/2023</small></p>	
<p>Date: <b>5/26/2023</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kelly Williams</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-442-1000</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613019</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	<p></p>
<p><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.</b></p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>NORTH COUNTRY TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mary Jo Quandt</b></p>				<p><small>Digitally signed by Mary Jo Quandt DN:cn=Mary Jo Quandt,email=maryjo.q@aptalaska.com,O=north country telephone company,l=Port Townsend WA 98368, Date:5/25/2023</small></p> <p>Date: <b>5/25/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Mary Jo Quandt</b></p>					
<p>Title or position of Authorized Officer or employee: <b>V/P Chief Customer Operations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-385-1733</b></p>					
Study Area Code of Reporting Carrier	<b>613026</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2023</b>	
<p><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.</b></p>					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>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).</p>					
<p>Name of Reporting Carrier: <b>SUMMIT TEL &amp; TEL CO OF ALASKA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Roger Shoffstall</b></p>				<p><small>Digitally signed by Roger Shoffstall DN: cn=Roger Shoffstall, email=rshoffstall@summittelephonenumbercompany.com, O=summit tel &amp; tel co of alaska, l=Fairbanks AK 99710, Date: 5/17/2023</small></p> <p>Date: <b>5/17/2023</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Roger Shoffstall</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/President/Owner/General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-389-1012</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>613028</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2023</b></p>	
<p><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.</b></p>					

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 <b>Sandwich Isles Communications, Inc.</b>				
Signature of authorized officer 		Date <b>5/22/23</b>		
Printed name of authorized officer <b>Breanne Kahalewai</b>				
Title or position of authorized officer <b>President</b>				
Telephone number of authorized officer: <b>(828) 524-8400</b>				
Study Area Code of Reporting Carrier	<b>623021</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 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.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
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Name of Reporting Carrier AMERICAN SAMOA TELECOMM. AUTHORITY				
Signature of authorized officer 			Date	05/31/2023
Printed name of authorized officer CHRIS DANIELSON				
Title or position of authorized officer CFO				
Telephone number of authorized officer: (684) 699-1121 ext.				
Study Area Code of Reporting Carrier	673900		Filing Due Date for this form (mm/dd/yyyy)	June 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 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 <b>Consolidated Communications</b>			
Signature of authorized officer <i>Michael J Shultz</i>		Date	<b>May 23, 2023</b>
Printed name of authorized officer <b>Michael J. Shultz</b>			
Title or position of authorized officer <b>Sr Vice President, Legislative &amp; Regulatory</b>			
Telephone number of authorized officer: <b>(724) 449-2545</b>			
Study Area Code of Reporting Carrier	<b>see attached</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>June 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.			

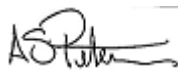
<b>Study Area/Entity</b>	<b>Study Area</b>	
	<b>Number</b>	<b>FRN</b>
Berkshire Telephone Corporation	150073	0004-4915-44
Chautauqua & Erie Telephone Co.	150078	0004-3316-82
Taconic Telephone Corp.	150084	0003-7727-53
Consolidated Communications of Pennsylvania Company, LLC		0003-1935-39
Consolidated Communications of Pennsylvania Company - Bentleyville	170145	
Consolidated Communications of Pennsylvania Company - Marianna & Scenery Hill	170185	
Consolidated Communications of Central Illinois Company		0003-7235-25
Consolidated Communications of Central Illinois - C-R	341009	
Consolidated Communications of Central Illinois - El Paso	341004	
Consolidated Communications of Central Illinois - Odin	341065	
Consolidated Communications of Colorado Company		0002-1470-98
Consolidated Communications of Colorado - Big Sandy	462192	
Consolidated Communications of Colorado - Columbine	462204	
Consolidated Communications of Florida Company		0001-8246-06
Consolidated Communications of Florida - Florala	210291	
Consolidated Communications of Florida - Perry	210329	
Consolidated Communications of Florida - St. Joe	210339	
Consolidated Communications of Kansas Company		0003-7232-36
Consolidated Communications of Kansas - Kansas	411835	
Consolidated Communications of Kansas - Colorado	461835	
Consolidated Communications of Maine Company		0003-7082-29
Consolidated Communications of Maine - Community Services	100015	
Consolidated Communications of Oklahoma Company		0003-7235-17
Consolidated Communications of Oklahoma - Chouteau	431981	
Consolidated Communications of Missouri Company		0014-7103-88
Consolidated Communications of Missouri - Missouri	421472	
Consolidated Communications of Washington Company, LLC.		0001-5812-97
Consolidated Communications of Washington - Ellensburg	522412	
Consolidated Communications of Washington - Yelm	522453	

**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 **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer



Date 5/25/2023

Printed name of Authorized Officer **Andrew Petersen**

Title or position of Authorized Officer **Sr. Vice-President – Corporate Affairs**

Telephone number or Authorized Officer.

(608)664-4155 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

6/16/2023

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361413 – Mid-State Telephone Company dba KMP

240535 – Norway Telephone Company, Inc.

250311 – Oakman Telephone Company, Inc.

320816 – S and W Telephone Company

300662 – The Vanlue Telephone Company

320837 - West Point Telephone Company