

VOLUME 1

APPENDIX D Exhibit 2

CARRIER CERTIFICATIONS Carrier Eligibility for CAF/ICC Recovery

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: **OXFORD WEST TEL CO**

Signature of Authorized Officer or employee: **Bruce Skellie**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Bruce Skellie**

Title or position of Authorized Officer or employee: **SVP of Finance**

Telephone number of Authorized Officer or employee: **518-694-0550**

Study Area Code of Reporting Carrier

100002

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

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Name of Reporting Carrier				Lincolnvile Networks, Inc.	
Signature of authorized officer		<i>Shirley P. Manning</i>		Date	
Printed name of authorized officer		Shirley Manning		5/15/23	
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.					

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: **OXFORD COUNTY TEL**

Signature of Authorized Officer or employee: **Bruce Skellie**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Bruce Skellie**

Title or position of Authorized Officer or employee: **SVP of Finance**

Telephone number of Authorized Officer or employee: **518-694-0550**

Study Area Code of Reporting Carrier

100019

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

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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>					

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: **UNITEL, INC.**

Signature of Authorized Officer or employee: **Timothy May**
Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Timothy May**

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

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

100029

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

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Name of Reporting Carrier: **RICHMOND TEL CO**

Signature of Authorized Officer or employee: **Dylan Proper**
Digitally signed by Dylan Proper DN:cn=Dylan Proper,email=dylan@richmond-telephone.com,O=richmond telephone company llc, Date:5/17/2023

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Dylan Proper**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **413-698-2255**

Study Area Code of Reporting Carrier	110737		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **BRETTON WOODS TEL CO**

Signature of Authorized Officer or employee: **Arthur Nicholson**
Digitally signed by Arthur Nicholson DN:cn=Arthur Nicholson,email=anich@bwtc.net,O=bretton woods tel. co.,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Arthur Nicholson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-278-9919**

Study Area Code of Reporting Carrier

120038

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **DUNBARTON TEL. CO.**

Signature of Authorized Officer or employee: **David Montgomery**

Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel. co.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **David Montgomery**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-774-9911**

Study Area Code of Reporting Carrier

120043

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **FRANKLIN TEL. CO.-VT**

Signature of Authorized Officer or employee: **Kimberly Gates Maynard**
Digitally signed by Kimberly Gates Maynard DN:cn=Kimberly Gates Maynard,email=ftc@franklinvt.net,O=franklin tel. co.-vt,l=Franklin VT 05457, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Kimberly Gates Maynard**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **802-285-9911**

Study Area Code of Reporting Carrier	140053		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier				TOPSHAM TELEPHONE COMPANY, INC.			
Signature of authorized officer		Mark De 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.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **WAITSFIELD/FAYSTON TEL. CO.**

Signature of Authorized Officer or employee: **Roger Nishi**
Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvt.com,O=waitsfield/fayston tel. co.,l=Waitsfield VT 05673, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Roger Nishi**

Title or position of Authorized Officer or employee: **Vice President - Industry Relations**

Telephone number of Authorized Officer or employee: **802-496-8336**

Study Area Code of Reporting Carrier

140069

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier				Vermont Telephone Company, inc.	
Signature of authorized officer		<i>Emma McGuirk</i>		Date	05/31/23
Printed name of authorized officer		Emma McGuirk			
Title or position of authorized officer		Director of Accounting			
Telephone number of authorized officer:		(802) 885-7744 _{ext.}			
Study Area Code of Reporting Carrier	147332	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

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Name of Reporting Carrier: **ARMSTRONG TEL CO-NY**

Signature of Authorized Officer or employee: **Barbara Direnzo**
Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Barbara Direnzo**

Title or position of Authorized Officer or employee: **Director - Finance and Accounting**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

150071

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

6/16/2023

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Name of Reporting Carrier: **CASSADAGA TEL CORP**

Signature of Authorized Officer or employee: **Mark Maytum**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Mark Maytum**

Title or position of Authorized Officer or employee: **President, COO**

Telephone number of Authorized Officer or employee: **716-673-3016**

Study Area Code of Reporting Carrier

150076

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **CHAMPLAIN TEL. CO.**

Signature of Authorized Officer or employee: **Wade Northrup**
Digitally signed by Wade Northrup DN:cn=Wade Northrup,email=wnorthrup@champlaintelephone.com,O=champlain tel. co.,l= , Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Wade Northrup**

Title or position of Authorized Officer or employee: **Controller/Secretary**

Telephone number of Authorized Officer or employee: **518-324-9303**

Study Area Code of Reporting Carrier	150077		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier				CITIZENS TELEPHONE COMPANY OF HAMMOND NEW YORK INC	
Signature of authorized officer		Mark D. Perrino		Date	5/19/2023
Printed name of authorized officer				MARK DE PERRINO	
Title or position of authorized officer				CONTROLLER	
Telephone number of authorized officer:				315)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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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **CROWN POINT TEL. CORP.**

Signature of Authorized Officer or employee: **Shana Macey**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Shana Macey**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **518-597-3300**

Study Area Code of Reporting Carrier

150085

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **DUNKIRK & FREDONIA**

Signature of Authorized Officer or employee: **Mark Maytum**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Mark Maytum**

Title or position of Authorized Officer or employee: **President, COO**

Telephone number of Authorized Officer or employee: **716-673-3016**

Study Area Code of Reporting Carrier

150091

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

6/16/2023

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Name of Reporting Carrier: **EMPIRE TEL CORP**

Signature of Authorized Officer or employee: **Tom Prestigiacom**
Digitally signed by Tom Prestigiacom DN:cn=Tom Prestigiacom,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Tom Prestigiacom**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **607-522-4237**

Study Area Code of Reporting Carrier

150093

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

6/16/2023

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Name of Reporting Carrier: **EMPIRE TEL CORP**

Signature of Authorized Officer or employee: **Tom Prestigiacom**
Digitally signed by Tom Prestigiacom DN:cn=Tom Prestigiacom,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:7/20/2023

Date: **7/20/2023**

Printed name of Authorized Officer or employee: **Tom Prestigiacom**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **607-522-4237**

Study Area Code of Reporting Carrier

150093

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

7/31/2023

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Name of Reporting Carrier: **THE FISHERS ISLAND TEL. CO.**

Signature of Authorized Officer or employee: **J. Finan**

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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **J. Finan**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **631-788-7251**

Study Area Code of Reporting Carrier

150095

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **GERMANTOWN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Karen Borovich**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Karen Borovich**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **518-537-1126**

Study Area Code of Reporting Carrier	150097		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **HANCOCK TEL. CO.-NY**

Signature of Authorized Officer or employee: **Robert Wrighter, Jr**
Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjr@hancocktelephone.com,O=hancock tel. co.-ny,l=Hancock NY 13783, Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Robert Wrighter, Jr**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **607-637-9912**

Study Area Code of Reporting Carrier

150099

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MARGARETVILLE TEL. CO.,INC.**

Signature of Authorized Officer or employee: **Glen Faulkner**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Glen Faulkner**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **845-586-3311**

Study Area Code of Reporting Carrier

150104

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MIDDLEBURGH TEL CO**

Signature of Authorized Officer or employee: **James Becker**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **James Becker**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **518-827-5211**

Study Area Code of Reporting Carrier

150105

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **NEWPORT TEL CO**

Signature of Authorized Officer or employee: **Joseph Tomaino**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Joseph Tomaino**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **315-845-8112**

Study Area Code of Reporting Carrier

150107

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **NEWPORT TEL CO**

Signature of Authorized Officer or employee: **Joseph Tomaino**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Joseph Tomaino**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **315-845-8112**

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

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: **NICHOLVILLE TELCO**

Signature of Authorized Officer or employee: **Jeffrey McGrath**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Jeffrey McGrath**

Title or position of Authorized Officer or employee: **VP/Regulatory Affairs**

Telephone number of Authorized Officer or employee: **315-328-5333**

Study Area Code of Reporting Carrier

150108

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ONEIDA COUNTY RURAL TEL. CO.**

Signature of Authorized Officer or employee: **Heather Kirkland**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Heather Kirkland**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **315-865-3239**

Study Area Code of Reporting Carrier	150111		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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				Ontario Telephone Company, Inc.	
Signature of authorized officer		MAR		Date	5/23/2023
Printed name of authorized officer				MARION PEISHER	
Title or position of authorized officer				Controller / Secretary	
Telephone number of authorized officer:				315.518.7561 ext.	
Study Area Code of Reporting Carrier		150112	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

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: **PATTERSONVILLE TEL. CO.-NY**

Signature of Authorized Officer or employee: **Nicole Rodriguez**
Digitally signed by Nicole Rodriguez DN:cn=Nicole Rodriguez,email=nrodriguez@ptconnect.net,O=pattersonville tel. co.-ny,l= , Date:5/25/2023

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Nicole Rodriguez**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **518-887-2121**

Study Area Code of Reporting Carrier

150116

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **STATE TEL. CO.**

Signature of Authorized Officer or employee: **Mark Evans**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Mark Evans**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **518-731-6128**

Study Area Code of Reporting Carrier

150125

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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				Trumansburg Telephone Company, Inc.	
Signature of authorized officer		Date		5/23/2023	
Printed name of authorized officer				MARION FEISHER	
Title or position of authorized officer				Controller / Secretary	
Telephone number of authorized officer:				315, 548 7561, ext.	
Study Area Code of Reporting Carrier		150131	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

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

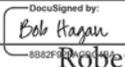
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier: Alteva of Warwick LLC			
Signature of authorized officer: <i>Robert Hagan</i>		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			
Study Area Code of Reporting Carrier	150135	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

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

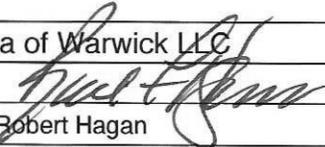
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Alteva of Warwick LLC			
Signature of authorized officer				Date		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	
<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: 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			
Study Area Code of Reporting Carrier	160135	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

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: **THE CITIZENS TELEPHONE COMPANY OF KECKSBURG**

Signature of Authorized Officer or employee: **Arnold Cutrell**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Arnold Cutrell**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **724-424-4444**

Study Area Code of Reporting Carrier

170156

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **HICKORY TEL. CO.**

Signature of Authorized Officer or employee: **Terri Jeffers**

Digitally signed by Terri Jeffers DN:cn=Terri Jeffers,email=tij@hky.com,O=hickory tel. co.,l= , Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Terri Jeffers**

Title or position of Authorized Officer or employee: **Regulatory Director**

Telephone number of Authorized Officer or employee: **724-356-2211**

Study Area Code of Reporting Carrier

170171

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **LACKAWAXEN TELECOM**

Signature of Authorized Officer or employee: **James Kail**
Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhrc.net,O=yukon-waltz tel. co.,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **James Kail**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **724-593-2411**

Study Area Code of Reporting Carrier

170177

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ARMSTRONG TEL CO-PA**

Signature of Authorized Officer or employee: **Barbara Direnzo**
Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Barbara Direnzo**

Title or position of Authorized Officer or employee: **Director - Finance and Accounting**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier	170189		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **THE NORTH-EASTERN PENNSYLVANIA TELEPHONE CO.**

Signature of Authorized Officer or employee: Steven Tourje	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	Date: 5/18/2023
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Printed name of Authorized Officer or employee: **Steven Tourje**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **570-785-2216**

Study Area Code of Reporting Carrier	170191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **THE NORTH-EASTERN PENNSYLVANIA TELEPHONE CO.**

Signature of Authorized Officer or employee: **Steven Tourje**
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

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Steven Tourje**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **570-785-2216**

Study Area Code of Reporting Carrier

170191

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: **NORTH PENN TEL CO**

Signature of Authorized Officer or employee: **Tom Prestigiacom**
Digitally signed by Tom Prestigiacom DN:cn=Tom Prestigiacom,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Tom Prestigiacom**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **607-522-4237**

Study Area Code of Reporting Carrier

170192

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 PENN TEL CO**

Signature of Authorized Officer or employee: **Tom Prestigiacom**
Digitally signed by Tom Prestigiacom DN:cn=Tom Prestigiacom,email=tpresti@etcnpt.com,O=empire telephone corp-ny,l=Prattsburgh NY 14873, Date:7/20/2023

Date: **7/20/2023**

Printed name of Authorized Officer or employee: **Tom Prestigiacom**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **607-522-4237**

Study Area Code of Reporting Carrier

170192

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: **ARMSTRONG TEL NORTH**

Signature of Authorized Officer or employee: **Barbara Direnzo**
Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Barbara Direnzo**

Title or position of Authorized Officer or employee: **Director - Finance and Accounting**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier	170195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **PALMERTON TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Timothy Hausman**
Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmerton telephone company,l= , Date:5/17/2023

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Timothy Hausman**

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

Telephone number of Authorized Officer or employee: **610-826-9433**

Study Area Code of Reporting Carrier

170196

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PALMERTON TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Timothy Hausman**
Digitally signed by Timothy Hausman DN:cn=Timothy Hausman,email=THausman@pencor.com,O=palmeron telephone company,l= , Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Timothy Hausman**

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

Telephone number of Authorized Officer or employee: **610-826-9433**

Study Area Code of Reporting Carrier	170196		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PENNSYLVANIA TEL. CO.**

Signature of Authorized Officer or employee: **Richard Maietta**
Digitally signed by Richard Maietta DN:cn=Richard Maietta,email=rich.maietta@ptcbb.com,O=pennsylvania tel. co., Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Richard Maietta**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **570-745-7101**

Study Area Code of Reporting Carrier	170197		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PYMATUNING IND TEL**

Signature of Authorized Officer or employee: **Tammy Souza**
Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Tammy Souza**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **904-259-0036**

Study Area Code of Reporting Carrier	170200		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **SOUTH CANAAN TEL CO**

Signature of Authorized Officer or employee: **James Kail**
Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhct.net,O=yukon-waltz tel. co.,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **James Kail**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **724-593-2411**

Study Area Code of Reporting Carrier

170205

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **VENUS TEL. CORP.**

Signature of Authorized Officer or employee: **Janice Kline**
Digitally signed by Janice Kline DN:cn=Janice Kline,email=jjk@venustel.com,O=venus tel. corp.,I=Venus PA 16364, Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Janice Kline**

Title or position of Authorized Officer or employee: **Sec/Treas.**

Telephone number of Authorized Officer or employee: **814-354-6123**

Study Area Code of Reporting Carrier

170210

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **YUKON - WALTZ TEL CO**

Signature of Authorized Officer or employee: **James Kail**
Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhrc.net,O=yukon-waltz tel. co.,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **James Kail**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **724-593-2411**

Study Area Code of Reporting Carrier	170215		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WEST SIDE TEL CO-PA**

Signature of Authorized Officer or employee: **John Ludenia**
Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-pa, Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **John Ludenia**

Title or position of Authorized Officer or employee: **V.P. Operations, General Manager**

Telephone number of Authorized Officer or employee: **304-983-8642**

Study Area Code of Reporting Carrier	170277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **ARMSTRONG TEL OF MD**

Signature of Authorized Officer or employee: **Barbara Direnzo**
Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Barbara Direnzo**

Title or position of Authorized Officer or employee: **Director - Finance and Accounting**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier

180216

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Empower Telecom Inc	
Signature of authorized officer		<i>Carol B Jones</i>		Date	5-30-2023
Printed name of authorized officer		Carol B Jones			
Title or position of authorized officer		VP Finance			
Telephone number of authorized officer: (434) 372-6132 ext.					
Study Area Code of Reporting Carrier	190219	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: **BURKE'S GARDEN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Missy Lynch**
Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel. co., inc., Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Missy Lynch**

Title or position of Authorized Officer or employee: **Office Manager/Secretary**

Telephone number of Authorized Officer or employee: **276-472-2345**

Study Area Code of Reporting Carrier

190220

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CITIZENS TEL. COOP.-VA**

Signature of Authorized Officer or employee: **Donna Smith**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Donna Smith**

Title or position of Authorized Officer or employee: **CEO & General Manager**

Telephone number of Authorized Officer or employee: **540-745-2111**

Study Area Code of Reporting Carrier

190225

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MGW TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **Sheri Smith**

Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw telephone company, inc., Date:5/25/2023

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Sheri Smith**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **540-925-5235**

Study Area Code of Reporting Carrier

190238

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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**

Signature of Authorized Officer or employee: **Laurie Hensley**
Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope telephone cooperative,l=New Hope VA 24469, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Laurie Hensley**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **540-363-6277**

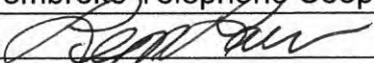
Study Area Code of Reporting Carrier	190239		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Pembroke Telephone Cooperative	
Signature of authorized officer				Date	5/11/2023
Printed name of authorized officer		Leon A. Law			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(540) 626-7111 ext.			
Study Area Code of Reporting Carrier	190243	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

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 MUTUAL TEL**

Signature of Authorized Officer or employee: **Eric Cramer**

Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

190244

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PEOPLES MUTUAL TEL**

Signature of Authorized Officer or employee: **Eric Cramer**
Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va, Date:7/25/2023

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

190244

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SHENANDOAH TEL CO**

Signature of Authorized Officer or employee: **Matt Harbaugh**
Digitally signed by Matt Harbaugh DN:cn=Matt Harbaugh,email=matthew.harbaugh@emp.shentel.com,O=shenandoah tel. co.,l= , Date:5/17/2023

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Matt Harbaugh**

Title or position of Authorized Officer or employee: **Director of Accounting**

Telephone number of Authorized Officer or employee: **814-233-4309**

Study Area Code of Reporting Carrier

190250

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SHENANDOAH - NR**

Signature of Authorized Officer or employee: Matt Harbaugh	Digitally signed by Matt Harbaugh DN:cn=Matt Harbaugh,email=matthew.harbaugh@emp.shentel.com,O=shenandoah tel. co.,l= , Date:5/17/2023	Date: 5/17/2023
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Printed name of Authorized Officer or employee: **Matt Harbaugh**

Title or position of Authorized Officer or employee: **Director of Accounting**

Telephone number of Authorized Officer or employee: **814-233-4309**

Study Area Code of Reporting Carrier	197251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **ARMSTRONG OF WV**

Signature of Authorized Officer or employee: **Barbara Direnzo**
Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Barbara Direnzo**

Title or position of Authorized Officer or employee: **Director - Finance and Accounting**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier	200256		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **SPRUCE KNOB SENECA ROCKS TEL., INC.**

Signature of Authorized Officer or employee: **Jena Miller**

Digitally signed by Jena Miller DN:cn=Jena Miller,email=jmiller@skprt.com,O=spruce knob seneca rocks tel., inc.,l=Riverton WV 26814, Date:5/25/2023

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Jena Miller**

Title or position of Authorized Officer or employee: **Interim General Manager**

Telephone number of Authorized Officer or employee: **304-567-2121**

Study Area Code of Reporting Carrier

200257

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **HARDY TELECOMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Scott Sherman**
Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecommunications, inc., Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Scott Sherman**

Title or position of Authorized Officer or employee: **General Manager & CEO**

Telephone number of Authorized Officer or employee: **304-897-9911**

Study Area Code of Reporting Carrier

200259

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ARMSTRONG TEL. CO.**

Signature of Authorized Officer or employee: **Barbara Direnzo**
Digitally signed by Barbara Direnzo DN:cn=Barbara Direnzo,email=bdirenzo@agoc.com,O=armstrong tel. co.-ny,l= , Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Barbara Direnzo**

Title or position of Authorized Officer or employee: **Director - Finance and Accounting**

Telephone number of Authorized Officer or employee: **724-283-0925**

Study Area Code of Reporting Carrier	200267		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **WEST SIDE TEL-WV**

Signature of Authorized Officer or employee: John Ludenia	Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel. co.-pa, Date:5/26/2023	Date: 5/26/2023
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Printed name of Authorized Officer or employee: **John Ludenia**

Title or position of Authorized Officer or employee: **V.P. Operations, General Manager**

Telephone number of Authorized Officer or employee: **304-983-8642**

Study Area Code of Reporting Carrier	200277		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **NORTHEAST FLORIDA**

Signature of Authorized Officer or employee: **Tammy Souza**
Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Tammy Souza**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **904-259-0036**

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ALMA TEL. CO., INC.**

Signature of Authorized Officer or employee: **Kevin Brooks**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Kevin Brooks**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **912-632-8603**

Study Area Code of Reporting Carrier

220344

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ALMA TEL. CO., INC.**

Signature of Authorized Officer or employee: **Laure Cohen**
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

Date: **7/20/2023**

Printed name of Authorized Officer or employee: **Laure Cohen**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **912-632-3117**

Study Area Code of Reporting Carrier	220344		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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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: **BRANTLEY TEL. CO., INC.**

Signature of Authorized Officer or employee: **Donovan Strickland**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Donovan Strickland**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **912-462-5111**

Study Area Code of Reporting Carrier

220347

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BULLOCH CNTY. RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **John Scott**

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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **John Scott**

Title or position of Authorized Officer or employee: **General Manager/COO**

Telephone number of Authorized Officer or employee: **912-865-1100**

Study Area Code of Reporting Carrier

220348

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

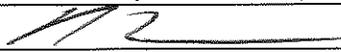
6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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				Darien Telephone Company	
Signature of authorized officer		<i>Mary Lou Forsyth</i>		Date	5-25-53
Printed name of authorized officer		Mary Lou Forsyth			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(912) 437-6611			
Study Area Code of Reporting Carrier	220358	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: **GLENWOOD TEL. CO.**

Signature of Authorized Officer or employee: **James O'Brien**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **James O'Brien**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **912-523-5111**

Study Area Code of Reporting Carrier	220365		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **HART TEL. CO.**

Signature of Authorized Officer or employee: Randy Daniel	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	Date: 5/24/2023
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Printed name of Authorized Officer or employee: **Randy Daniel**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **706-376-4701**

Study Area Code of Reporting Carrier	220368		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **PEMBROKE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Mary Anna Hite**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Mary Anna Hite**

Title or position of Authorized Officer or employee: **Secretary-Treasurer/General Manager**

Telephone number of Authorized Officer or employee: **912-653-4389**

Study Area Code of Reporting Carrier

220376

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PLANTERS RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Stephen Milner**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Stephen Milner**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **912-857-4411**

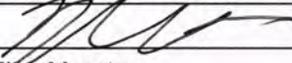
Study Area Code of Reporting Carrier	220378		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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 Plant Telephone Company			
Signature of authorized officer 		Date	05/31/2023
Printed name of authorized officer Mike Moretz			
Title or position of authorized officer Controller			
Telephone number of authorized officer: (229) 528-1103			
Study Area Code of Reporting Carrier	220379	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: **PROGRESSIVE RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Ron Chambers**
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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Ron Chambers**

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

Telephone number of Authorized Officer or employee: **478-984-4201**

Study Area Code of Reporting Carrier

220380

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PUBLIC SERVICE TEL. CO.**

Signature of Authorized Officer or employee: **James Bond**

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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **James Bond**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **478-847-6520**

Study Area Code of Reporting Carrier

220381

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 ext.			
Study Area Code of Reporting Carrier	220389	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

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: **WAVERLY HALL TEL**

Signature of Authorized Officer or employee: **Deborah Rand**
Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c.,l= , Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Deborah Rand**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-472-9786**

Study Area Code of Reporting Carrier

220392

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BARNARDSVILLE TEL CO**

Signature of Authorized Officer or employee: **Eric Cramer**

Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

230469

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ELLERBE TEL CO**

Signature of Authorized Officer or employee: **Eric Cramer**
Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

230478

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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				Thomas 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

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: **RANDOLPH TEL. MEMB. CORP. DBA RANDOLPH COMM.**

Signature of Authorized Officer or employee: **Kimberly Garner**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Kimberly Garner**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **336-879-7911**

Study Area Code of Reporting Carrier

230496

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SURRY MEMBERSHIP**

Signature of Authorized Officer or employee: **Richard Parker**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Richard Parker**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **336-374-5021**

Study Area Code of Reporting Carrier	230497		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **SALUDA MOUNTAIN TEL**

Signature of Authorized Officer or employee: **Eric Cramer**

Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

230498

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SERVICE TEL CO**

Signature of Authorized Officer or employee: **Eric Cramer**
Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

230500

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SURRY MEMBERSHIP**

Signature of Authorized Officer or employee: **Richard Parker**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Richard Parker**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **336-374-5021**

Study Area Code of Reporting Carrier

230503

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **RIVERSTREET-TCTMC**

Signature of Authorized Officer or employee: **Eric Cramer**
Digitally signed by Eric Cramer DN:cn=Eric Cramer,email=ericcramer@wilkestmc.net,O=peoples mutual tel. co.-va,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Eric Cramer**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **336-973-6112**

Study Area Code of Reporting Carrier

230505

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PALMETTO RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Dewaine Wilson**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Dewaine Wilson**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **843 538-9382**

Study Area Code of Reporting Carrier

240536

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SANDHILL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Lee Chambers**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Lee Chambers**

Title or position of Authorized Officer or employee: **CEO/Manager**

Telephone number of Authorized Officer or employee: **843-658-6379**

Study Area Code of Reporting Carrier

240546

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CASTLEBERRY TEL. CO., INC.**

Signature of Authorized Officer or employee: **Homer Holland**
Digitally signed by Homer Holland DN:cn=Homer Holland,email=cbtel_36432@yahoo.com,O=castleberry tel. co., inc.,l=Castleberry AL 36432, Date:5/31/2023

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Homer Holland**

Title or position of Authorized Officer or employee: **Accountant**

Telephone number of Authorized Officer or employee: **251-966-2110**

Study Area Code of Reporting Carrier

250285

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FARMERS TELECOMMUNICATIONS COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **Paul Higdon**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Paul Higdon**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **256-638-2144**

Study Area Code of Reporting Carrier

250290

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **HAYNEVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Evelyn Causey**
Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@hftfiber.com,O=hayneville tel. co., inc.,l=Hayneville AL 36040, Date:5/25/2023

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Evelyn Causey**

Title or position of Authorized Officer or employee: **President/COO**

Telephone number of Authorized Officer or employee: **334-548-2101**

Study Area Code of Reporting Carrier

250299

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MON-CRE TEL. COOP. INC.**

Signature of Authorized Officer or employee: **Teresa Rich**

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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Teresa Rich**

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

Telephone number of Authorized Officer or employee: **334-562-3242**

Study Area Code of Reporting Carrier

250305

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MOUNDVILLE TEL. CO.**

Signature of Authorized Officer or employee: **R. Taylor**

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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **R. Taylor**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **205-371-9011**

Study Area Code of Reporting Carrier

250307

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MOUNDVILLE TEL. CO.**

Signature of Authorized Officer or employee: **R. Taylor**

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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **R. Taylor**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **205-371-9011**

Study Area Code of Reporting Carrier

250307

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				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 4211	
Study Area Code of Reporting Carrier		250308	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

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: **PINE BELT TEL. CO.**

Signature of Authorized Officer or employee: **John Nettles**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **John Nettles**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **334-385-2106**

Study Area Code of Reporting Carrier	250315		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **RAGLAND TEL. CO.**

Signature of Authorized Officer or employee: **Matthew Jackson**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Matthew Jackson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **205-472-2141**

Study Area Code of Reporting Carrier

250316

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BALLARD RURAL TEL. COOP. CORP., INC.**

Signature of Authorized Officer or employee: **Karen Hensley**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Karen Hensley**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **270-665-5186**

Study Area Code of Reporting Carrier	260396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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				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	
<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: **DUO COUNTY TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Daryl Hammond**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Daryl Hammond**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **700-343-1111**

Study Area Code of Reporting Carrier

260401

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **LOGAN TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Gregory Hale**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Gregory Hale**

Title or position of Authorized Officer or employee: **General Manager/Executive V.P.**

Telephone number of Authorized Officer or employee: **270-542-4121**

Study Area Code of Reporting Carrier	260413		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **MOUNTAIN RURAL TEL. COOP. CORP., INC.**

Signature of Authorized Officer or employee: **Shayne Ison**

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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Shayne Ison**

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

Telephone number of Authorized Officer or employee: **606-743-3121**

Study Area Code of Reporting Carrier

260414

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 Rural Telephone Cooperative			
Signature of authorized officer			<i>Keith Gabbard</i>		Date		5/26/2023
Printed name of authorized officer				Keith Gabbard			
Title or position of authorized officer				CEO			
Telephone number of authorized officer: (606) 287-7101 ext.							
Study Area Code of Reporting Carrier		260415		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

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: **THACKER/GRIGSBY TEL. CO., INC.**

Signature of Authorized Officer or employee: **William Grigsby**
Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tstel.com,O=thacker/grigsby tel. co., inc.,l=Hindman KY 41822, Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **William Grigsby**

Title or position of Authorized Officer or employee: **President/General Manager**

Telephone number of Authorized Officer or employee: **606-785-9500**

Study Area Code of Reporting Carrier

260419

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 KENTUCKY RURAL**

Signature of Authorized Officer or employee: **Robert Hutter**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Robert Hutter**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **270-558-0420**

Study Area Code of Reporting Carrier	260421		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CAMPTI-PLEASANT HILL**

Signature of Authorized Officer or employee: **Tom Edens**

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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Tom Edens**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **318-352-0014**

Study Area Code of Reporting Carrier

270426

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **DELCAMBRE TEL. CO.**

Signature of Authorized Officer or employee: **Marcy Landry**
Digitally signed by Marcy Landry DN:cn=Marcy Landry,email=mlandry@delcambre.net,O=delcambre tel. co.,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Marcy Landry**

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

Telephone number of Authorized Officer or employee: **337-685-2311**

Study Area Code of Reporting Carrier	270428		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **KAPLAN TEL. CO.**

Signature of Authorized Officer or employee: **Richard Constantin**

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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Richard Constantin**

Title or position of Authorized Officer or employee: **Regulatory Manager**

Telephone number of Authorized Officer or employee: **337-643-4242**

Study Area Code of Reporting Carrier

270432

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 LOUISIANA TEL. CO., INC.**

Signature of Authorized Officer or employee: **Mike George**
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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Mike George**

Title or position of Authorized Officer or employee: **President / General Manager**

Telephone number of Authorized Officer or employee: **318-874-7011**

Study Area Code of Reporting Carrier	270435		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **RESERVE TEL CO**

Signature of Authorized Officer or employee: **Annette Faircloth**
Digitally signed by Annette Faircloth DN:cn=Annette Faircloth,email=afaircloth@reservetele.com,O=reserve tel. co.,l= , Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Annette Faircloth**

Title or position of Authorized Officer or employee: **V.P of Finance**

Telephone number of Authorized Officer or employee: **985-536-1271**

Study Area Code of Reporting Carrier	270438		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **STAR TEL CO**

Signature of Authorized Officer or employee: **Timothy May**
Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Timothy May**

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

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

270441

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **DECATUR TEL. CO., INC.-MS**

Signature of Authorized Officer or employee: **Esther Smith, PhD**
Digitally signed by Esther Smith, PhD DN:cn=Esther Smith, PhD,email=esther@decaturtelephone.com,O=decatur tel. co., inc.-ms,I=Decatur MS 39327, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Esther Smith, PhD**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **601-635-2251**

Study Area Code of Reporting Carrier

280451

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **DECATUR TEL. CO., INC.-MS**

Signature of Authorized Officer or employee: **Esther Smith, PhD**
Digitally signed by Esther Smith, PhD DN:cn=Esther Smith, PhD,email=esther@decaturtelephone.com,O=decatur tel. co., inc.-ms,I=Decatur MS 39327, Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Esther Smith, PhD**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **601-635-2251**

Study Area Code of Reporting Carrier

280451

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: **FRANKLIN TEL CO - MS**

Signature of Authorized Officer or employee: **Tammy Torrey**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Tammy Torrey**

Title or position of Authorized Officer or employee: **Vice President of Operations**

Telephone number of Authorized Officer or employee: **601-384-3350**

Study Area Code of Reporting Carrier	280454		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **FRANKLIN TEL CO - MS**

Signature of Authorized Officer or employee: **Tammy Torrey**
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

Date: **7/20/2023**

Printed name of Authorized Officer or employee: **Tammy Torrey**

Title or position of Authorized Officer or employee: **Vice President of Operations**

Telephone number of Authorized Officer or employee: **601-384-3350**

Study Area Code of Reporting Carrier

280454

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: **GEORGETOWN TEL CO**

Signature of Authorized Officer or employee: **Joie Miller**

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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Joie Miller**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **601-858-2211**

Study Area Code of Reporting Carrier

280456

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

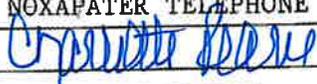
6/16/2023

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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

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: **SLEDGE TEL CO**

Signature of Authorized Officer or employee: **Robert Sledge Jr.**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Robert Sledge Jr.**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **662-569-3311**

Study Area Code of Reporting Carrier

280466

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SLEDGE TEL CO**

Signature of Authorized Officer or employee: **Robert Sledge Jr.**
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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Robert Sledge Jr.**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **662-569-3311**

Study Area Code of Reporting Carrier

280466

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: **ARDMORE TEL CO**

Signature of Authorized Officer or employee: **Robert Hutter**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Robert Hutter**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **270-558-0420**

Study Area Code of Reporting Carrier

290280

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BEN LOMAND RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Jared Sain**

Digitally signed by Jared Sain DN:cn=Jared Sain,email=jaredsain@benlomand.org,O=ben lomand rural tel. coop.,inc., Date:5/25/2023

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Jared Sain**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **931-668-4131**

Study Area Code of Reporting Carrier

290553

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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		<i>John Lee Downey</i>		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 _{ext.}			
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

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: **DEKALB TEL. COOP, INC.**

Signature of Authorized Officer or employee: Joe Mitchell	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	Date: 5/30/2023
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Printed name of Authorized Officer or employee: **Joe Mitchell**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **615-464-2254**

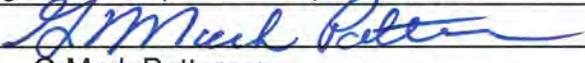
Study Area Code of Reporting Carrier	290562		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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				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			
Study Area Code of Reporting Carrier	290565	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

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: **LORETTO TEL. CO., INC.**

Signature of Authorized Officer or employee: **Jason Shelton**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Jason Shelton**

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

Telephone number of Authorized Officer or employee: **931-853-3333**

Study Area Code of Reporting Carrier

290570

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 CENTRAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Johnny McClanahan**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Johnny McClanahan**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **615-666-2151**

Study Area Code of Reporting Carrier

290573

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 KY COOP-TN**

Signature of Authorized Officer or employee: **Robert Hutter**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Robert Hutter**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **270-558-0420**

Study Area Code of Reporting Carrier

290598

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **THE ARTHUR MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Eric Roughton**
Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual tel. co.,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Eric Roughton**

Title or position of Authorized Officer or employee: **General Manager/Sec'y/Treasurer**

Telephone number of Authorized Officer or employee: **419-393-2233**

Study Area Code of Reporting Carrier	300586		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **AYERSVILLE TEL. CO.**

Signature of Authorized Officer or employee: **Phil Maag**

Digitally signed by Phil Maag DN:cn=Phil
 Maag,email=pmaag@ayersvilletelco.com,O=ayersville tel.
 co.,l= , Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Phil Maag**

Title or position of Authorized Officer or employee: **Sec./Treas. & General Manager**

Telephone number of Authorized Officer or employee: **419-395-2222**

Study Area Code of Reporting Carrier

300588

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BASCOM MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Laura Wise**

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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Laura Wise**

Title or position of Authorized Officer or employee: **Board Assistant Treasurer**

Telephone number of Authorized Officer or employee: **419-937-2222**

Study Area Code of Reporting Carrier

300589

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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				Benton Ridge Telephone Company	
Signature of authorized officer		<i>Randy Marksberry</i>		Date	05/22/2023
Printed name of authorized officer		Randy Marksberry			
Title or position of authorized officer		CFO			
Telephone number of authorized officer:		(567) 825-0413			
Study Area Code of Reporting Carrier	300590	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

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

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: **THE CHAMPAIGN TEL. CO.**

Signature of Authorized Officer or employee: **Tiffany Ebersold**
Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel. co., Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Tiffany Ebersold**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **937-653-2263**

Study Area Code of Reporting Carrier	300594		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **MCCLURE TEL. CO.**

Signature of Authorized Officer or employee: **Lance Miller**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Lance Miller**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **419-748-8032**

Study Area Code of Reporting Carrier

300598

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **HANSON COMM OH-COL**

Signature of Authorized Officer or employee: **Bruce Hanson**
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	300604		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **CONNEAUT TEL. CO.**

Signature of Authorized Officer or employee: **Deanna Brown**
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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Deanna Brown**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **440-593-7138**

Study Area Code of Reporting Carrier

300606

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **DOYLESTOWN TEL. CO.**

Signature of Authorized Officer or employee: **Brian Brockman**
Digitally signed by Brian Brockman DN:cn=Brian Brockman,email=bbrockman@doylestowntelephone.com,O=doylestown tel. co.,l= , Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Brian Brockman**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **330-658-2121**

Study Area Code of Reporting Carrier

300609

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **THE FARMERS MUTUAL TEL. CO.-OKOLONA, OH**

Signature of Authorized Officer or employee: **Cheryl Bostelman**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Cheryl Bostelman**

Title or position of Authorized Officer or employee: **Secretary/General Manager**

Telephone number of Authorized Officer or employee: **419-758-3303**

Study Area Code of Reporting Carrier	300612		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **FORT JENNINGS TEL. CO.**

Signature of Authorized Officer or employee: Michael Metzger	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	Date: 5/24/2023
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Printed name of Authorized Officer or employee: **Michael Metzger**

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

Telephone number of Authorized Officer or employee: **419-286-2181**

Study Area Code of Reporting Carrier	300614		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **HANSON COMM OH-GER**

Signature of Authorized Officer or employee: **Bruce Hanson**
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

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

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: **GLANDORF TEL CO**

Signature of Authorized Officer or employee: **David Hunt**

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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **David Hunt**

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

Telephone number of Authorized Officer or employee: **419-538-6987**

Study Area Code of Reporting Carrier

300619

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **KALIDA TEL CO**

Signature of Authorized Officer or employee: **David Hunt**

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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **David Hunt**

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

Telephone number of Authorized Officer or employee: **419-538-6987**

Study Area Code of Reporting Carrier

300625

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MIDDLE POINT HOME**

Signature of Authorized Officer or employee: **Bruce Hanson**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

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

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: **MIDDLE POINT HOME**

Signature of Authorized Officer or employee: Bruce Hanson	Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:7/24/2023	Date: 7/24/2023
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Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	300633		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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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: **MINFORD TEL. CO., INC.**

Signature of Authorized Officer or employee: **Paula McGraw**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Paula McGraw**

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

Telephone number of Authorized Officer or employee: **740-820-2151**

Study Area Code of Reporting Carrier

300634

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				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 <i>Preston Meyer</i>			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

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: **THE NEW KNOXVILLE**

Signature of Authorized Officer or employee: **Preston Meyer**
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

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Preston Meyer**

Title or position of Authorized Officer or employee: **Sales Manager/Chief Operating Officer**

Telephone number of Authorized Officer or employee: **419-753-2457**

Study Area Code of Reporting Carrier	300639		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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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: **THE NOVA TEL CO**

Signature of Authorized Officer or employee: **Charles Mattingly**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Charles Mattingly**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **903-663-0099**

Study Area Code of Reporting Carrier	300644		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **HANSON COMM OH-ORW**

Signature of Authorized Officer or employee: **Bruce Hanson**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier

300649

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **THE OTTOVILLE MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **William Honigford**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **William Honigford**

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

Telephone number of Authorized Officer or employee: **419-453-3324**

Study Area Code of Reporting Carrier

300650

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PATTERSONVILLE TEL. CO.-OH**

Signature of Authorized Officer or employee: **Aaron Jones**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Aaron Jones**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **330-895-4391**

Study Area Code of Reporting Carrier

300651

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 TEL. CO.**

Signature of Authorized Officer or employee: **Dave Gobrogge**
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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Dave Gobrogge**

Title or position of Authorized Officer or employee: **General Manager/Certification Officer**

Telephone number of Authorized Officer or employee: **419-267-5185**

Study Area Code of Reporting Carrier

300654

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 TEL. CO.**

Signature of Authorized Officer or employee: **Dave Gobrogge**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Dave Gobrogge**

Title or position of Authorized Officer or employee: **General Manager/Certification Officer**

Telephone number of Authorized Officer or employee: **419-267-5185**

Study Area Code of Reporting Carrier

300654

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

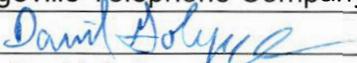
7/31/2023

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	
<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: **SHERWOOD MUTUAL TEL. ASSOC.**

Signature of Authorized Officer or employee: **Richard Rostorfer**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Richard Rostorfer**

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

Telephone number of Authorized Officer or employee: **419-899-2121**

Study Area Code of Reporting Carrier	300656		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **SYCAMORE TEL. CO.**

Signature of Authorized Officer or employee: **Richard Ekleberry II**
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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Richard Ekleberry II**

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

Telephone number of Authorized Officer or employee: **419-927-6012**

Study Area Code of Reporting Carrier	300658		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **TELEPHONE SERVICE**

Signature of Authorized Officer or employee: Bruce Hanson	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	Date: 5/22/2023
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Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **TELEPHONE SERVICE**

Signature of Authorized Officer or employee: Bruce Hanson	Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:7/24/2023	Date: 7/24/2023
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Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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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: **VAUGHNSVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Amanda Maag**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Amanda Maag**

Title or position of Authorized Officer or employee: **Manager/Secretary /Treasurer**

Telephone number of Authorized Officer or employee: **419-646-3431**

Study Area Code of Reporting Carrier

300663

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **WABASH MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Mike Boley**

Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel. co.,l= , Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Mike Boley**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **419-942-1111**

Study Area Code of Reporting Carrier

300664

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ALLBAND COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Coral Olsen**
Digitally signed by Coral Olsen DN:cn=Coral Olsen,email=colsen@allbandcomm.com,O=allband communications cooperative, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Coral Olsen**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **989-369-9999**

Study Area Code of Reporting Carrier

310542

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BARAGA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Paul Stark**

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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Paul Stark**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **906-353-6644**

Study Area Code of Reporting Carrier

310675

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BARRY COUNTY TEL. CO.**

Signature of Authorized Officer or employee: **Cindy Hewitt**
Digitally signed by Cindy Hewitt DN:cn=Cindy Hewitt,email=chewitt@mei.net,O=barry county tel. co.,l= , Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Cindy Hewitt**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **269-623-9999**

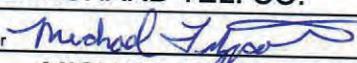
Study Area Code of Reporting Carrier	310676		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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				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		
<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: **BLOOMINGDALE TEL. CO.**

Signature of Authorized Officer or employee: **Steve Shults**
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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Steve Shults**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **269-521-7313**

Study Area Code of Reporting Carrier

310679

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

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

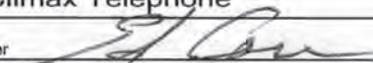
Name of Reporting Carrier				CARR TELEPHONE COMPANY	
Signature of authorized officer		<i>Teresa Bogner</i>		Date	5-22-2023
Printed name of authorized officer		TERESA BOGNER			
Title or position of authorized officer		SECRETARY			
Telephone number of authorized officer:		(231) -8982244			
Study Area Code 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	
<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: **DEERFIELD FARMERS TEL. CO.**

Signature of Authorized Officer or employee: **Robert Parisien**
Digitally signed by Robert Parisien DN:cn=Robert Parisien,email=robert.parisien@d-pcomm.com,O=deerfield farmers tel. co., Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Robert Parisien**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **734-279-5514**

Study Area Code of Reporting Carrier

310691

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **FARMERS DBA CHAPIN**

Signature of Authorized Officer or employee: **Greg Ringle**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Greg Ringle**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **989-661-2476**

Study Area Code of Reporting Carrier

310694

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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		Filing Due Date for this form (mm/dd/yyyy)		June 16, 2022	
31073					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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: **ACE TEL OF MICHIGAN**

Signature of Authorized Officer or employee: Michael Osborne <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>	Date: 5/24/2023
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Printed name of Authorized Officer or employee: **Michael Osborne**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **616-892-0123**

Study Area Code of Reporting Carrier	310704		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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 **Ace Telephone Company of Michigan, Inc**

Signature of authorized officer *Michael Osborne* Date **12-6-23**

Printed name of authorized officer **Michael Osborne**

Title or position of authorized officer **CEO**

Telephone number of authorized officer: **(507) 896-5123**

Study Area Code of Reporting Carrier	310704	Filing Due Date for this form (mm/dd/yyyy)	December 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				Lennon Telephone Company	
Signature of authorized officer		<i>Randy Fletcher</i>		Date	5/23/2023
Printed name of authorized officer		Randy Fletcher			
Title or position of authorized officer		CFO/GM			
Telephone number of authorized officer:		(810) 621-3301			
Study Area Code of Reporting Carrier		310708	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: **MIDWAY TEL CO**

Signature of Authorized Officer or employee:	Camie Nebel-Conklin <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>	Date: 5/24/2023
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Printed name of Authorized Officer or employee: **Camie Nebel-Conklin**

Title or position of Authorized Officer or employee: **Vice President/Chief Financial Officer**

Telephone number of Authorized Officer or employee: **906-387-9911**

Study Area Code of Reporting Carrier	310711		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **HIAWATHA TEL CO**

Signature of Authorized Officer or employee: **Camie Nebel-Conklin**
Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Camie Nebel-Conklin**

Title or position of Authorized Officer or employee: **Vice President/Chief Financial Officer**

Telephone number of Authorized Officer or employee: **906-387-9911**

Study Area Code of Reporting Carrier	310713		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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				Ogden Telephone Company	
Signature of authorized officer		<i>Kristen Fisher</i>		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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ONTONAGON COUNTY TEL**

Signature of Authorized Officer or employee: **Camie Nebel-Conklin**
Digitally signed by Camie Nebel-Conklin DN:cn=Camie Nebel-Conklin,email=cconklin@jamadots.net,O=midway tel. co.,l= , Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Camie Nebel-Conklin**

Title or position of Authorized Officer or employee: **Vice President/Chief Financial Officer**

Telephone number of Authorized Officer or employee: **906-387-9911**

Study Area Code of Reporting Carrier	310717		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PIGEON TEL. CO.**

Signature of Authorized Officer or employee: **Neal Eichler**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Neal Eichler**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **989-453-4391**

Study Area Code of Reporting Carrier

310721

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SAND CREEK TEL. CO.**

Signature of Authorized Officer or employee: **Harvey Souders**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Harvey Souders**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **517-436-3130**

Study Area Code of Reporting Carrier	310725		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **SPRINGPORT TEL. CO.**

Signature of Authorized Officer or employee: **Mark Cutler**

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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Mark Cutler**

Title or position of Authorized Officer or employee: **Accountant**

Telephone number of Authorized Officer or employee: **517-857-3100**

Study Area Code of Reporting Carrier

310728

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **UPPER PENINSULA TEL**

Signature of Authorized Officer or employee: **Becky Schetter**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Becky Schetter**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **906-639-2111**

Study Area Code of Reporting Carrier

310732

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **WALDRON TEL CO**

Signature of Authorized Officer or employee: **Lucinda Bernath**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Lucinda Bernath**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **517-286-6211**

Study Area Code of Reporting Carrier

310734

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 *Greg Ringle* 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

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: **WINN TEL. CO.**

Signature of Authorized Officer or employee: **Mark Graf**

Digitally signed by Mark Graf DN:cn=Mark Graf,email=mgraf@winnintel.com,O=winn tel. co.,l=Winn MI 48896, Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Mark Graf**

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

Telephone number of Authorized Officer or employee: **989-953-9876**

Study Area Code of Reporting Carrier

310737

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MCBC**

Signature of Authorized Officer or employee: **Becky Schetter**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Becky Schetter**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **906-639-2111**

Study Area Code of Reporting Carrier	310785		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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				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>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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: **CITIZENS TEL. CORP.-WARREN**

Signature of Authorized Officer or employee: **Cammy Ackley**
Digitally signed by Cammy Ackley DN:cn=Cammy Ackley,email=cammy@citiznet.com,O=citizens tel. corp.-warren,I=Warren IN 46792, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Cammy Ackley**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **260-375-2111**

Study Area Code of Reporting Carrier

320751

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CLAY CTY. RURAL TEL COOP INC D/B/A ENDEAVOR**

Signature of Authorized Officer or employee: **Darin LaCoursiere**

Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email=darinl@weEndeavor.com,O=clay ct. rural tel coop inc d/b/a endeavor,l=Cloverdale IN 46120-0237, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Darin LaCoursiere**

Title or position of Authorized Officer or employee: **President and CEO**

Telephone number of Authorized Officer or employee: **765-795-4261**

Study Area Code of Reporting Carrier

320753

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CRAIGVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Lee Von Gunten**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Lee Von Gunten**

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

Telephone number of Authorized Officer or employee: **260-565-3131**

Study Area Code of Reporting Carrier

320756

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **DAVIESS-MARTIN CTY. RURAL TEL. DBA RTC COMM.**

Signature of Authorized Officer or employee: Kirk Lehman	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	Date: 5/18/2023
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Printed name of Authorized Officer or employee: **Kirk Lehman**

Title or position of Authorized Officer or employee: **CEO/Executive VP**

Telephone number of Authorized Officer or employee: **812-486-3211**

Study Area Code of Reporting Carrier	320759		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GEETINGSVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Steve Scott**

Digitally signed by Steve Scott DN:cn=Steve Scott,email=support@geetel.net,O=geetingsville tel. co., inc.,l= , Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Steve Scott**

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

Telephone number of Authorized Officer or employee: **765-258-3111**

Study Area Code of Reporting Carrier

320771

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LIGONIER TEL. CO.**

Signature of Authorized Officer or employee: **Mike Troup**

Digitally signed by Mike Troup DN:cn=Mike Troup,email=mtroup@ligtel.net,O=ligonier tel. co.,l= , Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Mike Troup**

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

Telephone number of Authorized Officer or employee: **260-894-7161**

Study Area Code of Reporting Carrier

320783

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MONON TEL. CO., INC.**

Signature of Authorized Officer or employee: **Bruce Hanway**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Bruce Hanway**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **219-253-6601**

Study Area Code of Reporting Carrier	320790		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MULBERRY COOP. TEL. CO., INC.**

Signature of Authorized Officer or employee: **Greg Maish**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Greg Maish**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **765-296-2885**

Study Area Code of Reporting Carrier

320792

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NEW LISBON TEL. CO., INC.**

Signature of Authorized Officer or employee: John Greene <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>	Date: 5/17/2023
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Printed name of Authorized Officer or employee: **John Greene**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **765-332-2413**

Study Area Code of Reporting Carrier	320796		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NEW PARIS TEL., INC.**

Signature of Authorized Officer or employee: **Paul Penrose**
Digitally signed by Paul Penrose DN:cn=Paul Penrose,email=ppenrose@nptel.com,O=new paris tel., inc.,l=New Paris IN 46553-0047, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Paul Penrose**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **574-831-7115**

Study Area Code of Reporting Carrier

320797

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NORTHWESTERN INDIANA TEL. CO., INC.**

Signature of Authorized Officer or employee: Thomas Long	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	Date: 5/31/2023
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Printed name of Authorized Officer or employee: **Thomas Long**

Title or position of Authorized Officer or employee: **COO**

Telephone number of Authorized Officer or employee: **219-996-2981**

Study Area Code of Reporting Carrier	320800		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PERRY-SPENCER RURAL TEL. COOP., INC. DBA PSC**

Signature of Authorized Officer or employee: **Daren Brown**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Daren Brown**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **812-357-2123**

Study Area Code of Reporting Carrier

320807

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PULASKI-WHITE RURAL TEL. COOP.dba LIGHTSTREAM**

Signature of Authorized Officer or employee: **Brent Gillum**
Digitally signed by Brent Gillum DN:cn=Brent Gillum,email=bgillum@pwrct.net,O=pulaski-white rural tel. coop.dba lightstream,l=Buffalo IN 47925, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Brent Gillum**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **574-278-7121**

Study Area Code of Reporting Carrier	320813		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ROCHESTER TEL. CO., INC.**

Signature of Authorized Officer or employee: **Tyson Kalischuk**
Digitally signed by Tyson Kalischuk DN:cn=Tyson Kalischuk,email=tyson.kalischuk@rtc1.com,O=rochester tel. co., inc., Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Tyson Kalischuk**

Title or position of Authorized Officer or employee: **VP of Finance**

Telephone number of Authorized Officer or employee: **574-223-0241**

Study Area Code of Reporting Carrier

320815

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SOUTHEASTERN INDIANA RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Anthony Clark**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Anthony Clark**

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

Telephone number of Authorized Officer or employee: **812-667-5100**

Study Area Code of Reporting Carrier

320819

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SUNMAN TELECOMM LLC**

Signature of Authorized Officer or employee: **Rodney Thiemann**

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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Rodney Thiemann**

Title or position of Authorized Officer or employee: **Sr. Director-Regulatory Finance**

Telephone number of Authorized Officer or employee: **402-426-6433**

Study Area Code of Reporting Carrier

320825

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SWAYZEE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Timothy Miles**
Digitally signed by Timothy Miles DN:cn=Timothy Miles,email=tmiles@fiberhawk.com,O=swayzee tel. co., inc.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Timothy Miles**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **765-922-7916**

Study Area Code of Reporting Carrier

320826

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SWEETSER RURAL TEL. CO., INC.**

Signature of Authorized Officer or employee: **Scott Winger**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Scott Winger**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **765-384-4311**

Study Area Code of Reporting Carrier

320827

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **WASH. CTY. RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Roland King**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Roland King**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **812-967-2050**

Study Area Code of Reporting Carrier

320834

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **YEOMAN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Tonya O'Farrell**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Tonya O'Farrell**

Title or position of Authorized Officer or employee: **Financial Manager**

Telephone number of Authorized Officer or employee: **574-965-2100**

Study Area Code of Reporting Carrier	320839		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **AMERY TELCOM, INC.**

Signature of Authorized Officer or employee: Scott Jensen	Digitally signed by Scott Jensen DN:cn=Scott Jensen,email=sjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/19/2023	Date: 5/19/2023
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Printed name of Authorized Officer or employee: **Scott Jensen**

Title or position of Authorized Officer or employee: **Vice President & General Manager**

Telephone number of Authorized Officer or employee: **715-268-7101**

Study Area Code of Reporting Carrier	330842		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **AMHERST TEL. CO.**

Signature of Authorized Officer or employee: **Richard Letto**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Richard Letto**

Title or position of Authorized Officer or employee: **Exec. VP & General Manager**

Telephone number of Authorized Officer or employee: **715-824-0583**

Study Area Code of Reporting Carrier	330843		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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				Baldwin Telecom, Inc.	
Signature of authorized officer				Date	May 25, 2023
Printed name of authorized officer		Kent Wynveen			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(715) 684-3346 ext.			
Study Area Code of Reporting Carrier		330846	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: **BALDWIN TELCOM., INC.**

Signature of Authorized Officer or employee: **Matt Sparks**
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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Matt Sparks**

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

Telephone number of Authorized Officer or employee: **715-684-1055**

Study Area Code of Reporting Carrier

330846

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: **BELMONT TEL CO**

Signature of Authorized Officer or employee: **Kent Dau**

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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Kent Dau**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **563-285-9611**

Study Area Code of Reporting Carrier

330847

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BERGEN TEL CO**

Signature of Authorized Officer or employee:	Brad Ellefson 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	Date: 5/30/2023
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Printed name of Authorized Officer or employee: **Brad Ellefson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **262-736-9981**

Study Area Code of Reporting Carrier	330848		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **BERGEN TEL CO**

Signature of Authorized Officer or employee: Brad Ellefson	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	Date: 7/24/2023
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Printed name of Authorized Officer or employee: **Brad Ellefson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **262-736-9981**

Study Area Code of Reporting Carrier	330848		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BLOOMER TEL. CO.**

Signature of Authorized Officer or employee: **Kent Klima**

Digitally signed by Kent Klima DN:cn=Kent Klima,email=kent.klima@bloomer.net,O=bloomer tel. co.,l=, Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Kent Klima**

Title or position of Authorized Officer or employee: **Vice President & General Manager**

Telephone number of Authorized Officer or employee: **715-568-4830**

Study Area Code of Reporting Carrier

330850

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BLOOMER TEL. CO.**

Signature of Authorized Officer or employee: **Kent Klima**

Digitally signed by Kent Klima DN:cn=Kent Klima,email=kent.klima@bloomer.net,O=bloomer tel. co.,l=, Date:7/25/2023

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Kent Klima**

Title or position of Authorized Officer or employee: **Vice President & General Manager**

Telephone number of Authorized Officer or employee: **715-568-4830**

Study Area Code of Reporting Carrier

330850

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BRUCE TEL. CO., INC.**

Signature of Authorized Officer or employee: **John Manosky**
Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel. co., inc.,l= , Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **John Manosky**

Title or position of Authorized Officer or employee: **President & General Manager**

Telephone number of Authorized Officer or employee: **715-868-5111**

Study Area Code of Reporting Carrier

330855

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BRUCE TEL. CO., INC.**

Signature of Authorized Officer or employee: **John Manosky**
Digitally signed by John Manosky DN:cn=John Manosky,email=manoskyj@brucetel.net,O=bruce tel. co., inc.,l= , Date:7/26/2023

Date: **7/26/2023**

Printed name of Authorized Officer or employee: **John Manosky**

Title or position of Authorized Officer or employee: **President & General Manager**

Telephone number of Authorized Officer or employee: **715-868-5111**

Study Area Code of Reporting Carrier	330855		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CHEQUAMEGON COM COOP**

Signature of Authorized Officer or employee: **Robert Thompson**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Robert Thompson**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **715-798-3303**

Study Area Code of Reporting Carrier

330860

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CHIBARDUN TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Domenico Fornaro**
Digitally signed by Domenico Fornaro DN:cn=Domenico Fornaro,email=dfornaro@mosaictelecom.com,O=chibardun tel. coop., inc.,l=Cameron WI 54822, Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Domenico Fornaro**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **715-458-5400**

Study Area Code of Reporting Carrier

330861

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CITIZENS TEL. COOP., INC.-WI**

Signature of Authorized Officer or employee: **Dennis Bachman**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Dennis Bachman**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **715-237-2605**

Study Area Code of Reporting Carrier

330863

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CLEAR LAKE TELEPHONE COMPANY, LLC**

Signature of Authorized Officer or employee: **Tim Kusilek**

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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Tim Kusilek**

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

Telephone number of Authorized Officer or employee: **715-263-2755**

Study Area Code of Reporting Carrier

330865

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CLEAR LAKE TELEPHONE COMPANY, LLC**

Signature of Authorized Officer or employee: **Tim Kusilek**

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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Tim Kusilek**

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

Telephone number of Authorized Officer or employee: **715-263-2755**

Study Area Code of Reporting Carrier

330865

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: **COON VALLEY FARMERS TEL. CO., INC.**

Signature of Authorized Officer or employee: **Carol Olson**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Carol Olson**

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

Telephone number of Authorized Officer or employee: **608-452-3101**

Study Area Code of Reporting Carrier

330868

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **COON VALLEY FARMERS TEL. CO., INC.**

Signature of Authorized Officer or employee: **Carol Olson**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Carol Olson**

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

Telephone number of Authorized Officer or employee: **608-452-3101**

Study Area Code of Reporting Carrier	330868		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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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: **CUBA CITY EXCHANGE**

Signature of Authorized Officer or employee: **Kent Dau**

Digitally signed by Kent Dau DN:cn=Kent
 Dau,email=kent@cstech.com,O=central scott tel.,I=Eldridge
 IA 52748, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Kent Dau**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **563-285-9611**

Study Area Code of Reporting Carrier

330872

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **FARMERS IND. TEL. CO.-WI**

Signature of Authorized Officer or employee: **Terry Kucera**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Terry Kucera**

Title or position of Authorized Officer or employee: **General Manager and Compliance Officer**

Telephone number of Authorized Officer or employee: **715-463-5322**

Study Area Code of Reporting Carrier

330879

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **FARMERS IND. TEL. CO.-WI**

Signature of Authorized Officer or employee: **Terry Kucera**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Terry Kucera**

Title or position of Authorized Officer or employee: **General Manager and Compliance Officer**

Telephone number of Authorized Officer or employee: **715-463-5322**

Study Area Code of Reporting Carrier

330879

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: **HILLSBORO TEL. CO., INC.**

Signature of Authorized Officer or employee: **Carla Shaker**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Carla Shaker**

Title or position of Authorized Officer or employee: **Treasurer/Office Mgr.**

Telephone number of Authorized Officer or employee: **608-489-3230**

Study Area Code of Reporting Carrier

330892

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **HILLSBORO TEL. CO., INC.**

Signature of Authorized Officer or employee: **Carla Shaker**

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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Carla Shaker**

Title or position of Authorized Officer or employee: **Treasurer/Office Mgr.**

Telephone number of Authorized Officer or employee: **608-489-3230**

Study Area Code of Reporting Carrier

330892

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				Lakeland Telephone Company	
Signature of authorized officer		Lisa Beaupied-Fum		Date	5.29.23
Printed name of authorized officer				Lisa Beaupied-Fum	
Title or position of authorized officer				Chief Experience Officer	
Telephone number of authorized officer:				92467.7022, ext.	
Study Area Code of Reporting Carrier		330896		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

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: **LA VALLE TEL. COOP.**

Signature of Authorized Officer or employee: **Gregory Rockweiler**
Digitally signed by Gregory Rockweiler DN:cn=Gregory Rockweiler,email=gregr@lvc.coop,O=la valle tel. coop.,l=La Valle WI 53941, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Gregory Rockweiler**

Title or position of Authorized Officer or employee: **Assistant Secretary**

Telephone number of Authorized Officer or employee: **608-985-7201**

Study Area Code of Reporting Carrier

330899

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **LEMONWEIR VALLEY TEL. CO.**

Signature of Authorized Officer or employee: **Donna Rezin**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Donna Rezin**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **608-427-6515**

Study Area Code of Reporting Carrier

330900

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 COMMUNICATIONS GROUP, LLC**

Signature of Authorized Officer or employee: **Crystal Morley**
Digitally signed by Crystal Morley DN:cn=Crystal Morley,email=crystal@lakelandteam.com,O=lakeland communications group, llc,l=Milltown WI 54858, Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Crystal Morley**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **715-825-5105**

Study Area Code of Reporting Carrier

330902

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MANAWA TEL CO**

Signature of Authorized Officer or employee: **Justin Huebner**
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

Date: **5/29/2023**

Printed name of Authorized Officer or employee: **Justin Huebner**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **715-421-8140**

Study Area Code of Reporting Carrier

330905

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MARQUETTE-ADAMS TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Darren Moser**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Darren Moser**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **608-586-4111**

Study Area Code of Reporting Carrier

330908

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **NELSON COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Laura Gullickson**

Digitally signed by Laura Gullickson DN:cn=Laura Gullickson,email=laura@ntec.net,O=nelson communications cooperative,|=Durand WI 54736-0228, Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Laura Gullickson**

Title or position of Authorized Officer or employee: **CEO/Executive Vice President**

Telephone number of Authorized Officer or employee: **715-672-4204**

Study Area Code of Reporting Carrier

330918

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 Beaupied-Rum		Date	5.29.23
Printed name of authorized officer		Lisa Beaupied-Rum			
Title or position of authorized officer		Chief Experience Officer			
Telephone number of authorized officer:		920,677,7022, 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: 922,617, 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

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: **PRICE COUNTY TEL CO**

Signature of Authorized Officer or employee: **Robert Thompson**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Robert Thompson**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **715-798-3303**

Study Area Code of Reporting Carrier

330937

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 Beaudet - PUM		Date		5.29.23
Printed name of authorized officer				Lisa Beaudet - PUM			
Title or position of authorized officer				Chief Experience Officer			
Telephone number of authorized officer:				920.677.7022, ext.			
Study Area Code of Reporting Carrier		330938		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

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: **RICHLAND-GRANT TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Lori Thomas**
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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Lori Thomas**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **608-537-2461**

Study Area Code of Reporting Carrier

330942

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SHARON TEL CO**

Signature of Authorized Officer or employee: **Brad Ellefson**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Brad Ellefson**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **262-736-9981**

Study Area Code of Reporting Carrier

330946

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SIREN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Sid Sherstad**
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

Date: **5/28/2023**

Printed name of Authorized Officer or employee: **Sid Sherstad**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **715-349-2224**

Study Area Code of Reporting Carrier

330949

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SOMERSET TEL CO**

Signature of Authorized Officer or employee: **Scott Jensen**
Digitally signed by Scott Jensen DN:cn=Scott Jensen,email=sjensen@amerytel.net,O=amery telcom, inc.,l= , Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Scott Jensen**

Title or position of Authorized Officer or employee: **Vice President & General Manager**

Telephone number of Authorized Officer or employee: **715-268-7101**

Study Area Code of Reporting Carrier

330951

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SPRING VALLEY TEL. CO., INC.**

Signature of Authorized Officer or employee: **Carol Anderson**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Carol Anderson**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **715-778-4433**

Study Area Code of Reporting Carrier	330953		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **Cheryl Rue**

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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Cheryl Rue**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **715-695-2691**

Study Area Code of Reporting Carrier

330960

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

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

Name of Reporting Carrier: **TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **Cheryl Rue**

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

Date: **7/26/2023**

Printed name of Authorized Officer or employee: **Cheryl Rue**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **715-695-2691**

Study Area Code of Reporting Carrier

330960

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **UNION TEL. CO.**

Signature of Authorized Officer or employee: Richard Letto	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	Date: 5/23/2023
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Printed name of Authorized Officer or employee: **Richard Letto**

Title or position of Authorized Officer or employee: **Exec. VP & General Manager**

Telephone number of Authorized Officer or employee: **715-335-6301**

Study Area Code of Reporting Carrier	330962		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **UNION TEL CO**

Signature of Authorized Officer or employee: Richard Letto	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	Date: 7/21/2023
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Printed name of Authorized Officer or employee: **Richard Letto**

Title or position of Authorized Officer or employee: **Exec. VP & General Manager**

Telephone number of Authorized Officer or employee: **715-335-6301**

Study Area Code of Reporting Carrier	330962		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **VERNON COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Garin Mayer**

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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Garin Mayer**

Title or position of Authorized Officer or employee: **CEO & General Manager**

Telephone number of Authorized Officer or employee: **608-634-3136**

Study Area Code of Reporting Carrier

330966

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **VERNON COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Scott Haakenson**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Scott Haakenson**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **608-634-7423**

Study Area Code of Reporting Carrier

330966

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WEST WISCONSIN TELCOM COOP., INC.**

Signature of Authorized Officer or employee: **Jim Kusilek**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Jim Kusilek**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **715-664-8311**

Study Area Code of Reporting Carrier	330971		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WITTENBERG TEL. CO.**

Signature of Authorized Officer or employee: **Scott Nyman**
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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Scott Nyman**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **715-253-2112**

Study Area Code of Reporting Carrier

330973

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **WITTENBERG TEL. CO.**

Signature of Authorized Officer or employee: **Scott Nyman**
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

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Scott Nyman**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **715-253-2112**

Study Area Code of Reporting Carrier

330973

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WOOD COUNTY TEL CO**

Signature of Authorized Officer or employee: **Justin Huebner**
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

Date: **5/29/2023**

Printed name of Authorized Officer or employee: **Justin Huebner**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **715-421-8140**

Study Area Code of Reporting Carrier

330974

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ADAMS TEL. COOP.**

Signature of Authorized Officer or employee: **James Broemmer Jr.**
Digitally signed by James Broemmer Jr. DN:cn=James Broemmer Jr.,email=jimbrommer@adamstel.com,O=adams tel. coop.,l=Golden IL 62339-0217, Date:5/17/2023

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **James Broemmer Jr.**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **217-696-4411**

Study Area Code of Reporting Carrier

340976

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ALHAMBRA - GRANTFORK TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Robert Butler**

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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Robert Butler**

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

Telephone number of Authorized Officer or employee: **618-488-2165**

Study Area Code of Reporting Carrier

340978

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CAMBRIDGE TEL CO -IL**

Signature of Authorized Officer or employee: **Judith Denys**
Digitally signed by Judith Denys DN:cn=Judith Denys,email=judith.denys@geneseo.com,O=cambridge tel. co.-il,l=Geneseo IL 61254-0330, Date:5/31/2023

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Judith Denys**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **309-944-8017**

Study Area Code of Reporting Carrier	340983		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CASS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Amy Parlier**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Amy Parlier**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **217-452-4112**

Study Area Code of Reporting Carrier

340984

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CASS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Amy Parlier**
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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Amy Parlier**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **217-452-4112**

Study Area Code of Reporting Carrier

340984

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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		
<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: **CROSSVILLE TEL. CO.**

Signature of Authorized Officer or employee: **Chris Birkla**

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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Chris Birkla**

Title or position of Authorized Officer or employee: **Assistant Secretary/Treasurer/General Mg**

Telephone number of Authorized Officer or employee: **618-966-2196**

Study Area Code of Reporting Carrier

340993

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **EGYPTIAN COOP ASSN**

Signature of Authorized Officer or employee: **Matt Bollinger**
Digitally signed by Matt Bollinger DN:cn=Matt Bollinger,email=mbollinger@egyptian.net,O=egyptian tel. coop. assn., Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Matt Bollinger**

Title or position of Authorized Officer or employee: **Executive Vice President/General Manager**

Telephone number of Authorized Officer or employee: **618-774-1000**

Study Area Code of Reporting Carrier

341003

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FLAT ROCK TEL CO-OP**

Signature of Authorized Officer or employee: **Barry Adair**

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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Barry Adair**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **618-665-3311**

Study Area Code of Reporting Carrier

341012

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FLAT ROCK TEL CO-OP**

Signature of Authorized Officer or employee: **Barry Adair**
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

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Barry Adair**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **618-665-3311**

Study Area Code of Reporting Carrier

341012

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GENESEO TEL CO**

Signature of Authorized Officer or employee: Judith Denys	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	Date: 5/31/2023
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Printed name of Authorized Officer or employee: **Judith Denys**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **309-944-8017**

Study Area Code of Reporting Carrier	341016		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GLASFORD TEL. CO.**

Signature of Authorized Officer or employee: **Duane Goetze**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Duane Goetze**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **309-389-2111**

Study Area Code of Reporting Carrier

341017

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **GRAFTON TEL. CO.**

Signature of Authorized Officer or employee: **Leigh Sickinger**
Digitally signed by Leigh Sickinger DN:cn=Leigh Sickinger,email=lsickinger@gtec.net,O=grafon tel. co.,l=Grafton IL 62037, Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Leigh Sickinger**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **618-786-3400**

Study Area Code of Reporting Carrier

341020

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **THE GRANDVIEW MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Angela Tate**
Digitally signed by Angela Tate DN:cn=Angela Tate,email=gmtc@joink.com,O=the grandview mutual tel. co.,l= , Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Angela Tate**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **217-946-4101**

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

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: **GRIDLEY TEL CO**

Signature of Authorized Officer or employee: **Herb Flesher**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Herb Flesher**

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

Telephone number of Authorized Officer or employee: **309-747-3780**

Study Area Code of Reporting Carrier

341023

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

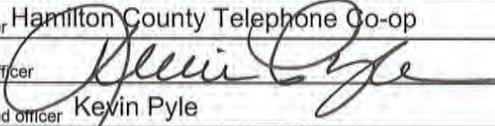
6/16/2023

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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

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 or employee: **Kevin Pyle**
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

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Kevin Pyle**

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

Telephone number of Authorized Officer or employee: **618-736-2211**

Study Area Code of Reporting Carrier

341024

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: **SHAWNEE TEL. CO.**

Signature of Authorized Officer or employee: **James Grisham**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **James Grisham**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **618-276-4211**

Study Area Code of Reporting Carrier

341025

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **HENRY COUNTY TEL CO**

Signature of Authorized Officer or employee: **Judith Denys**
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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Judith Denys**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **309-944-8017**

Study Area Code of Reporting Carrier

341029

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **HOME TELEPHONE COMPANY-ST. JACOB**

Signature of Authorized Officer or employee: **Eric Schmidt**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Eric Schmidt**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **618-644-2111**

Study Area Code of Reporting Carrier

341032

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **KINSMAN MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Michelle Baudino**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Michelle Baudino**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **815-392-4210**

Study Area Code of Reporting Carrier

341041

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **LA HARPE TEL. CO.**

Signature of Authorized Officer or employee: **Mark Irish**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Mark Irish**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **217-659-7721**

Study Area Code of Reporting Carrier

341043

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **LEAF RIVER TEL. CO.**

Signature of Authorized Officer or employee: **Aaron Palmer**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Aaron Palmer**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **608-220-1587**

Study Area Code of Reporting Carrier	341045		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **LEONORE MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Donna Naas**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Donna Naas**

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

Telephone number of Authorized Officer or employee: **815-856-3164**

Study Area Code of Reporting Carrier

341046

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MCDONOUGH TELEPHONE COOPERATIVE**

Signature of Authorized Officer or employee: **Jay Griswold**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Jay Griswold**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **309-776-3211**

Study Area Code of Reporting Carrier

341047

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MCNABB TEL. CO.**

Signature of Authorized Officer or employee: **Kenneth Troyan**
Digitally signed by Kenneth Troyan DN:cn=Kenneth Troyan,email=kennethtroyan@nabbnet.com,O=mcnabb tel. co.,l= , Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Kenneth Troyan**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **815-882-2201**

Study Area Code of Reporting Carrier

341048

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MADISON TEL. CO.**

Signature of Authorized Officer or employee: **Mary Schwartz**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Mary Schwartz**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **618-635-5000**

Study Area Code of Reporting Carrier	341049		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **MARSEILLES TEL CO**

Signature of Authorized Officer or employee: **Ann Dickerson**
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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Ann Dickerson**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **309-367-4197**

Study Area Code of Reporting Carrier

341050

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **METAMORA TEL CO**

Signature of Authorized Officer or employee: Ann Dickerson <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>	Date: 5/17/2023
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Printed name of Authorized Officer or employee: **Ann Dickerson**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **309-367-4197**

Study Area Code of Reporting Carrier	341053		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **MID CENTURY TELEPHONE CO-OPERATIVE**

Signature of Authorized Officer or employee: **James Broemmer, Jr.**
Digitally signed by James Broemmer, Jr. DN:cn=James Broemmer, Jr.,email=jimbroemmer@adamstel.com,O=mid century telephone co-operative,l=Fairview IL 61432, Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **James Broemmer, Jr.**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **309-778-8611**

Study Area Code of Reporting Carrier

341054

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MONTROSE MUTUAL TEL**

Signature of Authorized Officer or employee: **Barry Adair**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Barry Adair**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **618-665-3311**

Study Area Code of Reporting Carrier

341058

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MOULTRIE INDEPENDENT**

Signature of Authorized Officer or employee: **James Grisham**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **James Grisham**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **618-276-4211**

Study Area Code of Reporting Carrier

341060

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NEW WINDSOR TEL. CO.**

Signature of Authorized Officer or employee: **Sharon Sims**

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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Sharon Sims**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **309-667-2712**

Study Area Code of Reporting Carrier

341062

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: **NEW WINDSOR TEL. CO.**

Signature of Authorized Officer or employee: **Sharon Sims**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Sharon Sims**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **309-667-2712**

Study Area Code of Reporting Carrier

341062

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **ONEIDA TEL. EXCHANGE**

Signature of Authorized Officer or employee: **Troy Nimrick**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Troy Nimrick**

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

Telephone number of Authorized Officer or employee: **309-483-3111**

Study Area Code of Reporting Carrier	341066		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **REYNOLDS TEL. CO.**

Signature of Authorized Officer or employee: **Jace Taylor**

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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Jace Taylor**

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

Telephone number of Authorized Officer or employee: **309-372-4214**

Study Area Code of Reporting Carrier

341075

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TONICA TEL. CO.**

Signature of Authorized Officer or employee: **Jeremy Hillyer**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Jeremy Hillyer**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **815-442-9901**

Study Area Code of Reporting Carrier

341086

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **VIOLA HOME TEL. CO.**

Signature of Authorized Officer or employee: **Jay Barton**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Jay Barton**

Title or position of Authorized Officer or employee: **Assistant Secretary**

Telephone number of Authorized Officer or employee: **309-596-2222**

Study Area Code of Reporting Carrier

341087

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **WABASH COMM CO-OP**

Signature of Authorized Officer or employee: **Barry Adair**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Barry Adair**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **618-665-3311**

Study Area Code of Reporting Carrier

341088

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WOODHULL TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Philip Wirt**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Philip Wirt**

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

Telephone number of Authorized Officer or employee: **309-334-2150**

Study Area Code of Reporting Carrier

341091

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **STELLE TEL. CO.**

Signature of Authorized Officer or employee: **Jo Daly**
Digitally signed by Jo Daly DN:cn=Jo
Daly,email=stelltelephone@stelle.net,O=stelle tel. co.,l= ,
Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Jo Daly**

Title or position of Authorized Officer or employee: **Financial/Admin Manager**

Telephone number of Authorized Officer or employee: **815-256-2345**

Study Area Code of Reporting Carrier

341092

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **REASNOR TELEPHONE COMPANY, LLC**

Signature of Authorized Officer or employee: **Johnny Harvison**
Digitally signed by Johnny Harvison DN:cn=Johnny Harvison,email=johnny.harvison@dynprod.net,O=reasnor telephone company, llc, Date:5/17/2023

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Johnny Harvison**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **817-838-1800**

Study Area Code of Reporting Carrier

350739

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ANDREW TEL CO INC**

Signature of Authorized Officer or employee: **JoAnne Gregorich**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **JoAnne Gregorich**

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

Telephone number of Authorized Officer or employee: **563-773-2213**

Study Area Code of Reporting Carrier

351097

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **ANDREW TEL CO INC**

Signature of Authorized Officer or employee: **JoAnne Gregorich**
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

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **JoAnne Gregorich**

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

Telephone number of Authorized Officer or employee: **563-773-2213**

Study Area Code of Reporting Carrier

351097

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **WESTSIDE INDEPENDENT**

Signature of Authorized Officer or employee: **Kevin Skinner**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Kevin Skinner**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-673-2311**

Study Area Code of Reporting Carrier

351100

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **ATKINS TEL. CO.**

Signature of Authorized Officer or employee: **Gerald Spaight**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Gerald Spaight**

Title or position of Authorized Officer or employee: **General Manager / Treasurer**

Telephone number of Authorized Officer or employee: **319-446-7331**

Study Area Code of Reporting Carrier

351101

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **AYRSHIRE FARMERS MUT**

Signature of Authorized Officer or employee: **Gary Petersen**
Digitally signed by Gary Petersen DN:cn=Gary Petersen,email=gpetersen@ncn.net,O=ayrshire fmrs. mut. tel. co.,l= , Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Gary Petersen**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **712-776-2222**

Study Area Code of Reporting Carrier

351105

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **ALPINE COMMUNICATIONS, L.C.**

Signature of Authorized Officer or employee: **Chris Hopp**

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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Chris Hopp**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **563-245-4480**

Study Area Code of Reporting Carrier

351106

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BALDWIN-NASHVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Brian Rickels**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Brian Rickels**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **563-673-6001**

Study Area Code of Reporting Carrier	351107		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BALDWIN-NASHVILLE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Brian Rickels**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Brian Rickels**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **563-673-6001**

Study Area Code of Reporting Carrier	351107		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BARNES CITY COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Diane Henry**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Diane Henry**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **641-644-5214**

Study Area Code of Reporting Carrier	351108		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **BERNARD TEL. CO., INC.**

Signature of Authorized Officer or employee: **Kyle Manders**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Kyle Manders**

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

Telephone number of Authorized Officer or employee: **563-879-3203**

Study Area Code of Reporting Carrier	351110		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BERNARD TEL. CO., INC.**

Signature of Authorized Officer or employee: **Kyle Manders**
Digitally signed by Kyle Manders DN:cn=Kyle Manders,email=kyle@bernardtel.net,O=bernard tel. co., inc.,I=Bernard IA 52032-0068, Date:7/26/2023

Date: **7/26/2023**

Printed name of Authorized Officer or employee: **Kyle Manders**

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

Telephone number of Authorized Officer or employee: **563-879-3203**

Study Area Code of Reporting Carrier

351110

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: **BREDA TEL CORP.**

Signature of Authorized Officer or employee: **Kevin Skinner**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Kevin Skinner**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-673-2311**

Study Area Code of Reporting Carrier

351112

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BROOKLYN MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Tim Atkinson**
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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Tim Atkinson**

Title or position of Authorized Officer or employee: **General Manager/Compliance Officer**

Telephone number of Authorized Officer or employee: **641-522-9211**

Study Area Code of Reporting Carrier

351113

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BUTLER-BREMER MUT. TEL. CO.**

Signature of Authorized Officer or employee: **Andrea Hansen**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Andrea Hansen**

Title or position of Authorized Officer or employee: **CEO/GM**

Telephone number of Authorized Officer or employee: **319-276-4458**

Study Area Code of Reporting Carrier

351115

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CASCADE COMMUNICATIONS COMPANY**

Signature of Authorized Officer or employee: **Chris Summerall**

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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Chris Summerall**

Title or position of Authorized Officer or employee: **General Manager/Compliance Officer**

Telephone number of Authorized Officer or employee: **563-852-3710**

Study Area Code of Reporting Carrier

351118

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CASEY MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **John Breining**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **John Breining**

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

Telephone number of Authorized Officer or employee: **641-746-2222**

Study Area Code of Reporting Carrier

351119

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

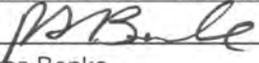
6/16/2023

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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				CENTER JUNCTION TELEPHONE CO., INC	
Signature of authorized officer				Date	5/24/2023
Printed name of authorized officer		Russ Benke			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer: (563) 487-2631 ext.					
Study Area Code of Reporting Carrier	351121	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: **CENTRAL SCOTT TEL CO**

Signature of Authorized Officer or employee: **Kent Dau**

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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Kent Dau**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **563-285-9611**

Study Area Code of Reporting Carrier

351125

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 MUTUAL TEL**

Signature of Authorized Officer or employee: **Vince Tyson**
Digitally signed by Vince Tyson DN:cn=Vince Tyson,email=vtyson@mycmtech.com,O=citizens mutual telephone cooperative,l= , Date:5/17/2023

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Vince Tyson**

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

Telephone number of Authorized Officer or employee: **641-664-2074**

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

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: **CLARENCE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Chad Fall**

Digitally signed by Chad Fall DN:cn=Chad Fall,email=ctcmanager@netins.net,O=clarence tel. co., inc.,I=Clarence IA 52216, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Chad Fall**

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

Telephone number of Authorized Officer or employee: **563-452-3852**

Study Area Code of Reporting Carrier

351130

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CLARENCE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Chad Fall**

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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Chad Fall**

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

Telephone number of Authorized Officer or employee: **563-452-3852**

Study Area Code of Reporting Carrier

351130

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **C-M-L TEL. COOP. ASSN.**

Signature of Authorized Officer or employee: Bruce Johnson	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	Date: 5/18/2023
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Printed name of Authorized Officer or employee: **Bruce Johnson**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-443-8222**

Study Area Code of Reporting Carrier	351133		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **COLO TEL. CO.**

Signature of Authorized Officer or employee: **Randy Bellon**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Randy Bellon**

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

Telephone number of Authorized Officer or employee: **641-377-2202**

Study Area Code of Reporting Carrier	351134		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SHELLSBURG CABLE**

Signature of Authorized Officer or employee: **Curtis Eldred**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Curtis Eldred**

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

Telephone number of Authorized Officer or employee: **319-436-2224**

Study Area Code of Reporting Carrier	351136		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **COON VALLEY COOP. TEL. ASSN., INC.**

Signature of Authorized Officer or employee: **Jim Nelson**

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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Jim Nelson**

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

Telephone number of Authorized Officer or employee: **641-524-2111**

Study Area Code of Reporting Carrier

351137

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Scott Schabacker**
Digitally signed by Scott Schabacker DN:cn=Scott Schabacker,email=cooptel@netins.net,O=coop. tel. co.,l=Victor IA 52347, Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Scott Schabacker**

Title or position of Authorized Officer or employee: **Chief Operating Officer/General Manager**

Telephone number of Authorized Officer or employee: **319-647-3131**

Study Area Code of Reporting Carrier

351139

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Scott Schabacker**
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

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Scott Schabacker**

Title or position of Authorized Officer or employee: **Chief Operating Officer/General Manager**

Telephone number of Authorized Officer or employee: **319-647-3131**

Study Area Code of Reporting Carrier

351139

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CORN BELT TEL. CO.**

Signature of Authorized Officer or employee: **Lee Wuebker**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Lee Wuebker**

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

Telephone number of Authorized Officer or employee: **712-664-2221**

Study Area Code of Reporting Carrier

351141

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CUMBERLAND TEL. CO.**

Signature of Authorized Officer or employee: **Vickie Adams**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Vickie Adams**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **712-774-2221**

Study Area Code of Reporting Carrier

351146

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **DANVILLE MUT. TEL. CO.**

Signature of Authorized Officer or employee: Timothy FencI	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	Date: 5/22/2023
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Printed name of Authorized Officer or employee: **Timothy FencI**

Title or position of Authorized Officer or employee: **General Manager & CEO**

Telephone number of Authorized Officer or employee: **319-392-4251**

Study Area Code of Reporting Carrier	351147		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FARMERS (DEFIANCE)**

Signature of Authorized Officer or employee: **Thomas Conry**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Thomas Conry**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier

351149

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **DIXON ACQ LLC**

Signature of Authorized Officer or employee: **Kent Dau**

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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Kent Dau**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **563-285-9611**

Study Area Code of Reporting Carrier

351150

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **DUMONT TEL. CO.**

Signature of Authorized Officer or employee: **Roger Kregel**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Roger Kregel**

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

Telephone number of Authorized Officer or employee: **641-857-3211**

Study Area Code of Reporting Carrier

351152

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **DUNKERTON TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Abbi Kienast**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Abbi Kienast**

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

Telephone number of Authorized Officer or employee: **319-822-4512**

Study Area Code of Reporting Carrier

351153

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **EAST BUCHANAN TEL. COOP.**

Signature of Authorized Officer or employee: **Michael Becker**
Digitally signed by Michael Becker DN:cn=Michael Becker, email=mike.becker@eastbuchanan.com, O=east buchanan tel. coop., l= , Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Michael Becker**

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

Telephone number of Authorized Officer or employee: **319-935-3011**

Study Area Code of Reporting Carrier	351156		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **ELLSWORTH COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Joshua Angove**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Joshua Angove**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **515-836-4431**

Study Area Code of Reporting Carrier	351157		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **MINBURN TELECOMM.**

Signature of Authorized Officer or employee: **Debra Lucht**

Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecommunications, inc.,l=Minburn IA 50167, Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Debra Lucht**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **515-677-2264**

Study Area Code of Reporting Carrier

351158

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **F&B COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: Aaron Horman	Digitally signed by Aaron Horman DN:cn=Aaron Horman,email=aaron@fbc-tele.com,O=f&b communications, inc.,l=Wheatland IA 52777, Date:5/19/2023	Date: 5/19/2023
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Printed name of Authorized Officer or employee: **Aaron Horman**

Title or position of Authorized Officer or employee: **General Manager/Assistant Treasurer**

Telephone number of Authorized Officer or employee: **563-374-1236**

Study Area Code of Reporting Carrier	351160		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FARMERS COOP. TEL. CO.-DYSART**

Signature of Authorized Officer or employee: **Shelly Franzenburg**
Digitally signed by Shelly Franzenburg DN:cn=Shelly Franzenburg,email=sfranzenburg@ftc.coop,O=farmers coop. tel. co.-dysart,l=Dysart IA 52224-0280, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Shelly Franzenburg**

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

Telephone number of Authorized Officer or employee: **319-476-7800**

Study Area Code of Reporting Carrier

351162

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **FARMERS & MERCHANTS MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Ray Fear**

Digitally signed by Ray Fear DN:cn=Ray Fear,email=rayfear@farmtel.com,O=farmers & merchants mutual tel. co., Date:5/25/2023

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Ray Fear**

Title or position of Authorized Officer or employee: **Operations Manager**

Telephone number of Authorized Officer or employee: **319-256-2736**

Study Area Code of Reporting Carrier

351166

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **FARMERS MUTUAL COOP**

Signature of Authorized Officer or employee: **Thomas Conry**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Thomas Conry**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier	351168		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **FARMERS MUTUAL COOP. TEL. CO.-MOULTON**

Signature of Authorized Officer or employee: **Tammy Wheeler**

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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Tammy Wheeler**

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

Telephone number of Authorized Officer or employee: **641-642-3249**

Study Area Code of Reporting Carrier

351169

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **FARMERS MUTUAL TEL. CO.-JESUP**

Signature of Authorized Officer or employee: **Shawn Westpfahl**
Digitally signed by Shawn Westpfahl DN:cn=Shawn Westpfahl,email=shawn.westpfahl@heartlandtechnology.com,O=farmers mutual tel. co.-jesup,l=Jesup IA 50648-0249, Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Shawn Westpfahl**

Title or position of Authorized Officer or employee: **VP of Business Development**

Telephone number of Authorized Officer or employee: **319-827-1151**

Study Area Code of Reporting Carrier

351171

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **FARMERS MUTUAL TEL**

Signature of Authorized Officer or employee: **Josh Hveem**
Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,I=Truro IA 50257, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Josh Hveem**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **641-765-4201**

Study Area Code of Reporting Carrier

351172

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **FARMERS MUTUAL COOP**

Signature of Authorized Officer or employee: **Curtis Eldred**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Curtis Eldred**

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

Telephone number of Authorized Officer or employee: **319-436-2224**

Study Area Code of Reporting Carrier	351173		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **FARMERS MUTUAL TELEPHONE CO. OF STANTON, IOWA**

Signature of Authorized Officer or employee: **Tim Eklund**

Digitally signed by Tim Eklund DN:cn=Tim Eklund,email=teklund@fmtcnet.com,O=farmers mutual telephone co. of stanton, iowa,l=Stanton IA 51573-0220, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Tim Eklund**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-829-2111**

Study Area Code of Reporting Carrier

351174

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **FARMERS TEL CO - BAT**

Signature of Authorized Officer or employee: **Vince Tyson**
Digitally signed by Vince Tyson DN:cn=Vince Tyson,email=vtyson@mycmtech.com,O=citizens mutual telephone cooperative,l= , Date:5/17/2023

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Vince Tyson**

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

Telephone number of Authorized Officer or employee: **641-664-2074**

Study Area Code of Reporting Carrier

351175

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **FARMERS TEL. CO.-ESSEX**

Signature of Authorized Officer or employee: **Tim Hill**
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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Tim Hill**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **712-379-3001**

Study Area Code of Reporting Carrier

351176

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **FARMERS TEL CO -RICE**

Signature of Authorized Officer or employee: **Josh Hveem**
Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,I=Truro IA 50257, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Josh Hveem**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **641-765-4201**

Study Area Code of Reporting Carrier	351177		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **FENTON COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Steven Longhenry**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Steven Longhenry**

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

Telephone number of Authorized Officer or employee: **515-889-2785**

Study Area Code of Reporting Carrier

351179

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PARTNER COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Arthur Cooper**
Digitally signed by Arthur Cooper DN:cn=Arthur Cooper,email=tophog@partnercom.net,O=partner communications cooperative, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Arthur Cooper**

Title or position of Authorized Officer or employee: **Board President**

Telephone number of Authorized Officer or employee: **641-498-7701**

Study Area Code of Reporting Carrier

351187

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GOLDFIELD TEL CO**

Signature of Authorized Officer or employee: **Randy Yeakel**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Randy Yeakel**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **641-762-3772**

Study Area Code of Reporting Carrier

351188

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **RIVER VALLEY TELECOM**

Signature of Authorized Officer or employee: **Ivan Dalen**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Ivan Dalen**

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

Telephone number of Authorized Officer or employee: **712-859-3300**

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

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: **GRAND MOUND COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Terri Bumann**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Terri Bumann**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **563-847-3000**

Study Area Code of Reporting Carrier	351191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **GRISWOLD COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Amy McLaren**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Amy McLaren**

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

Telephone number of Authorized Officer or employee: **712-778-2121**

Study Area Code of Reporting Carrier

351195

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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				Hawkeys 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	
<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 TEL CO**

Signature of Authorized Officer or employee: **David Byers**
Digitally signed by David Byers DN:cn=David Byers,email=dabyers@netel.com,O=hawkeye tel. co.,l=Monona IA 52159-0835, Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **David Byers**

Title or position of Authorized Officer or employee: **COO/Assistant Secretary**

Telephone number of Authorized Officer or employee: **563-539-2122**

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

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: **HUBBARD COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Greg Ball**

Digitally signed by Greg Ball DN:cn=Greg Ball,email=hubbard1@netins.net,O=hubbard coop. tel. assn., Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Greg Ball**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **641-864-2216**

Study Area Code of Reporting Carrier

351203

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **HUXLEY COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Levi Bappe**

Digitally signed by Levi Bappe DN:cn=Levi Bappe,email=levi@huxleycommunications.net,O=huxley communications cooperative,|Huxley IA 50124-0036, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Levi Bappe**

Title or position of Authorized Officer or employee: **General Manager and Excutive VP**

Telephone number of Authorized Officer or employee: **515-597-2281**

Study Area Code of Reporting Carrier

351205

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **IAMO COMM - IA**

Signature of Authorized Officer or employee: **Tim Toepfer**

Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=ttoepfer@iamo.tel,O=iamo communications, inc.-ia, Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Tim Toepfer**

Title or position of Authorized Officer or employee: **CEO & General Manage**

Telephone number of Authorized Officer or employee: **712-583-3232**

Study Area Code of Reporting Carrier

351206

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FMTC-I35, INC.**

Signature of Authorized Officer or employee: **Josh Hveem**
Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,I=Truro IA 50257, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Josh Hveem**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **641-765-4201**

Study Area Code of Reporting Carrier

351209

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

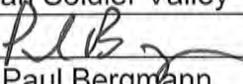
6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: 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

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 SOLDIERVALLEY**

Signature of Authorized Officer or employee: **Paul Bergmann**
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

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Paul Bergmann**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-271-5535**

Study Area Code of Reporting Carrier

351213

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: **KALONA COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Casey Peck**

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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Casey Peck**

Title or position of Authorized Officer or employee: **General Manager/CFO**

Telephone number of Authorized Officer or employee: **319-656-3668**

Study Area Code of Reporting Carrier

351214

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **KEYSTONE FRMS. COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Byran Kimm**

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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Byran Kimm**

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

Telephone number of Authorized Officer or employee: **319-442-3241**

Study Area Code of Reporting Carrier

351217

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LA PORTE CITY TEL. CO.**

Signature of Authorized Officer or employee: **Chris Hopp**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Chris Hopp**

Title or position of Authorized Officer or employee: **Chief Operations Officer**

Telephone number of Authorized Officer or employee: **563-245-4480**

Study Area Code of Reporting Carrier

351220

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LA MOTTE TEL CO**

Signature of Authorized Officer or employee: **JoAnne Gregorich**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **JoAnne Gregorich**

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

Telephone number of Authorized Officer or employee: **563-773-2213**

Study Area Code of Reporting Carrier

351222

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LA MOTTE TEL CO**

Signature of Authorized Officer or employee: JoAnne Gregorich	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	Date: 7/25/2023
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Printed name of Authorized Officer or employee: **JoAnne Gregorich**

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

Telephone number of Authorized Officer or employee: **563-773-2213**

Study Area Code of Reporting Carrier	351222		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LEHIGH VALLEY COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Jim Suchan**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Jim Suchan**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **515-359-2211**

Study Area Code of Reporting Carrier

351225

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LONE ROCK COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Josh Adams**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Josh Adams**

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

Telephone number of Authorized Officer or employee: **515-925-3271**

Study Area Code of Reporting Carrier

351228

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **LOST NATION-ELWOOD TEL. CO.**

Signature of Authorized Officer or employee: **Jan Muhl**
Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood tel. co.,l= , Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Jan Muhl**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **563-678-2470**

Study Area Code of Reporting Carrier

351229

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **LOST NATION-ELWOOD TEL. CO.**

Signature of Authorized Officer or employee: **Jan Muhl**
Digitally signed by Jan Muhl DN:cn=Jan Muhl,email=jan@Lnecomm.com,O=lost nation-elwood tel. co.,l= , Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Jan Muhl**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **563-678-2470**

Study Area Code of Reporting Carrier

351229

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NORTHEAST IOWA TEL**

Signature of Authorized Officer or employee: **David Byers**

Digitally signed by David Byers DN:cn=David Byers,email=dabyers@netel.com,O=northeast iowa tel. co.,l=Monona IA 52159-0835, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **David Byers**

Title or position of Authorized Officer or employee: **COO/Assistant Secretary**

Telephone number of Authorized Officer or employee: **563-539-2122**

Study Area Code of Reporting Carrier

351230

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LYNNVILLE TEL. CO.**

Signature of Authorized Officer or employee: **Christopher Ulmer**
Digitally signed by Christopher Ulmer DN: cn=Christopher Ulmer, email=culmer@icorellc.com, O=lynnville telephone company, | = , Date: 5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Christopher Ulmer**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **610-928-3903**

Study Area Code of Reporting Carrier	351232		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **FARMERS (MANILLA)**

Signature of Authorized Officer or employee: **Thomas Conry**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Thomas Conry**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-744-3131**

Study Area Code of Reporting Carrier

351235

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MARNE & ELK HORN TEL**

Signature of Authorized Officer or employee: **Rachel Hamilton**
Digitally signed by Rachel Hamilton DN:cn=Rachel Hamilton,email=rachel@metcteam.com,O=marne & elk horn tel. co.,l=Walnut IA 51577, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Rachel Hamilton**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **712-784-2211**

Study Area Code of Reporting Carrier

351237

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MARTELLE COOP ASSN**

Signature of Authorized Officer or employee: **Hans Arwine**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Hans Arwine**

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

Telephone number of Authorized Officer or employee: **563-432-7221**

Study Area Code of Reporting Carrier

351238

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MASSENA TEL. CO.**

Signature of Authorized Officer or employee: **Mike Klocke**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Mike Klocke**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-779-2227**

Study Area Code of Reporting Carrier

351239

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MECHANICSVILLE TEL**

Signature of Authorized Officer or employee: **Hans Arwine**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Hans Arwine**

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

Telephone number of Authorized Officer or employee: **563-432-7221**

Study Area Code of Reporting Carrier

351241

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MILES COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Scott Boehde**
Digitally signed by Scott Boehde DN:cn=Scott Boehde,email=scott@milestelephone.com,O=miles coop. tel. assn.,l= , Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Scott Boehde**

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

Telephone number of Authorized Officer or employee: **563-682-7111**

Study Area Code of Reporting Carrier	351242		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **MINBURN TEL CO**

Signature of Authorized Officer or employee: **Debra Lucht**
Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn telecommunications, inc.,l=Minburn IA 50167, Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Debra Lucht**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **515-677-2264**

Study Area Code of Reporting Carrier

351245

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MINERVA VALLEY TEL. CO., INC.**

Signature of Authorized Officer or employee: **Mary Phillips**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Mary Phillips**

Title or position of Authorized Officer or employee: **Business Manager**

Telephone number of Authorized Officer or employee: **641-487-7399**

Study Area Code of Reporting Carrier	351246		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **MODERN COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Brenda Bowman**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Brenda Bowman**

Title or position of Authorized Officer or employee: **Assistant Manager/CFO**

Telephone number of Authorized Officer or employee: **319-667-2375**

Study Area Code of Reporting Carrier

351247

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MEDIAPOLIS TEL. CO.**

Signature of Authorized Officer or employee: **Angie Rupe**

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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Angie Rupe**

Title or position of Authorized Officer or employee: **Office Manager & CFO**

Telephone number of Authorized Officer or employee: **319-394-3456**

Study Area Code of Reporting Carrier

351251

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 ENGLISH COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Reed Ostenberg**
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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Reed Ostenberg**

Title or position of Authorized Officer or employee: **COO**

Telephone number of Authorized Officer or employee: **319-664-3821**

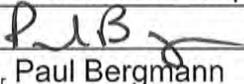
Study Area Code of Reporting Carrier	351257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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				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			
Study Area Code of Reporting Carrier	351260	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

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 TEL**

Signature of Authorized Officer or employee: **Paul Bergmann**
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

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Paul Bergmann**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-271-5535**

Study Area Code of Reporting Carrier

351260

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: **NORTHWEST COMM COOP**

Signature of Authorized Officer or employee: **Gary Petersen**
Digitally signed by Gary Petersen DN:cn=Gary Petersen,email=gpetersen@ncn.net,O=ayrshire fmrs. mut. tel. co.,l= , Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Gary Petersen**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **712-776-2222**

Study Area Code of Reporting Carrier

351261

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **COMM 1 NETWORK**

Signature of Authorized Officer or employee: **Randy Yeakel**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Randy Yeakel**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **641-762-3772**

Study Area Code of Reporting Carrier	351262		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **COMM 1 NETWORK**

Signature of Authorized Officer or employee: **Randy Yeakel**
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

Date: **7/20/2023**

Printed name of Authorized Officer or employee: **Randy Yeakel**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **641-762-3772**

Study Area Code of Reporting Carrier	351262		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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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: **OGDEN TEL. CO.-IA**

Signature of Authorized Officer or employee: **James Heckman**
Digitally signed by James Heckman DN:cn=James Heckman,email=jheckman@ogdentc.com,O=ogden tel. co.-ia,I=Ogden IA 50212, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **James Heckman**

Title or position of Authorized Officer or employee: **General Manager / Executive VP**

Telephone number of Authorized Officer or employee: **515-275-2050**

Study Area Code of Reporting Carrier

351263

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **OLIN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Frank Wood**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Frank Wood**

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

Telephone number of Authorized Officer or employee: **319-484-2200**

Study Area Code of Reporting Carrier

351264

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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				Onslow Cooperative Telephone Assn.	
Signature of authorized officer				Date	5/24/2023
Printed name of authorized officer		Russ Benke			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(563) 485-2833			
Study Area Code of Reporting Carrier	351265	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

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: **ORAN MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Barb Gruetzmacher**
Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel. co.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Barb Gruetzmacher**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **319-638-6006**

Study Area Code of Reporting Carrier

351266

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ORAN MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Barb Gruetzmacher**
Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel. co.,l= , Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Barb Gruetzmacher**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **319-638-6006**

Study Area Code of Reporting Carrier

351266

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **PALO COOPERATIVE TELEPHONE ASSOCIATION**

Signature of Authorized Officer or employee: **Erin Petersen**

Digitally signed by Erin Petersen DN:cn=Erin Petersen,email=erin@palocommunications.net,O=palo cooperative telephone association,l=Palo IA 52324, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Erin Petersen**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **319-851-3431**

Study Area Code of Reporting Carrier

351269

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PALMER MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Steve Pelz**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Steve Pelz**

Title or position of Authorized Officer or employee: **Compliance Officer**

Telephone number of Authorized Officer or employee: **712-359-2411**

Study Area Code of Reporting Carrier	351270		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PALMER MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Steve Pelz**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Steve Pelz**

Title or position of Authorized Officer or employee: **Compliance Officer**

Telephone number of Authorized Officer or employee: **712-359-2411**

Study Area Code of Reporting Carrier

351270

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PANORA COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Andrew Randol**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Andrew Randol**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **641-755-2424**

Study Area Code of Reporting Carrier

351271

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PANORA COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Andrew Randol**
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

Date: **7/20/2023**

Printed name of Authorized Officer or employee: **Andrew Randol**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **641-755-2424**

Study Area Code of Reporting Carrier

351271

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PEOPLES TEL CO - IA**

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtikawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier	351273		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PEOPLES TEL CO - IA**

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

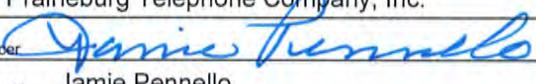
Study Area Code of Reporting Carrier	351273		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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

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: **PRESTON TEL. CO.**

Signature of Authorized Officer or employee: **MaryBeth Heister**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **MaryBeth Heister**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **563-689-3811**

Study Area Code of Reporting Carrier	351276		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **RADCLIFFE TEL. CO., INC.**

Signature of Authorized Officer or employee: **Edwin Drake**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Edwin Drake**

Title or position of Authorized Officer or employee: **Manager/President**

Telephone number of Authorized Officer or employee: **515-899-2341**

Study Area Code of Reporting Carrier

351277

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **RINGSTED TEL. CO.**

Signature of Authorized Officer or employee: **Aaron McCartan**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Aaron McCartan**

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

Telephone number of Authorized Officer or employee: **712-866-8000**

Study Area Code of Reporting Carrier

351280

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ROCKWELL COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **David Severin**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **David Severin**

Title or position of Authorized Officer or employee: **General Mgr/Assist Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **641-822-3212**

Study Area Code of Reporting Carrier	351282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ROYAL TEL. CO.**

Signature of Authorized Officer or employee: **John Noah**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **John Noah**

Title or position of Authorized Officer or employee: **General Manager/CCO**

Telephone number of Authorized Officer or employee: **712-933-2615**

Study Area Code of Reporting Carrier

351283

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **RIVER VALLEY-RUTHVEN**

Signature of Authorized Officer or employee: **Ivan Dalen**

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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Ivan Dalen**

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

Telephone number of Authorized Officer or employee: **712-859-3300**

Study Area Code of Reporting Carrier

351284

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: SAC COUNTY MUTUAL TEL. CO.

Signature of Authorized Officer or employee: **Ronald Sorensen**
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

Date: 5/23/2023

Printed name of Authorized Officer or employee: Ronald Sorensen

Title or position of Authorized Officer or employee: Compliance Officer

Telephone number of Authorized Officer or employee: 712-668-2200

Study Area Code of Reporting Carrier

351285

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SCHALLER TEL. CO.**

Signature of Authorized Officer or employee: **Missy Kestel**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Missy Kestel**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-275-4211**

Study Area Code of Reporting Carrier	351291		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SEARSBORO TEL CO**

Signature of Authorized Officer or employee: **Christopher Ulmer**
Digitally signed by Christopher Ulmer DN: cn=Christopher Ulmer, email=culmer@icorellc.com, O=lynnville telephone company, Inc., Date: 5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Christopher Ulmer**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **610-928-3903**

Study Area Code of Reporting Carrier	351292		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SHARON TEL. CO.**

Signature of Authorized Officer or employee: **Scott Havel**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Scott Havel**

Title or position of Authorized Officer or employee: **General manager**

Telephone number of Authorized Officer or employee: **319-679-2211**

Study Area Code of Reporting Carrier

351293

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SCRANTON TEL. CO.**

Signature of Authorized Officer or employee: **Allen Jacob**

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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Allen Jacob**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **712-652-3355**

Study Area Code of Reporting Carrier

351294

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SCRANTON TEL. CO.**

Signature of Authorized Officer or employee: **Allen Jacob**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Allen Jacob**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **712-652-3355**

Study Area Code of Reporting Carrier

351294

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: **SOUTH SLOPE COOP TEL**

Signature of Authorized Officer or employee: **Chuck Deisbeck**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Chuck Deisbeck**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **319-626-2211**

Study Area Code of Reporting Carrier	351298		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **FMTC-I35 (SWT)**

Signature of Authorized Officer or employee: **Josh Hveem**
Digitally signed by Josh Hveem DN:cn=Josh Hveem,email=jhveem@omnitel.biz,O=farmers mutual tel. co.-nora springs,I=Truro IA 50257, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Josh Hveem**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **641-765-4201**

Study Area Code of Reporting Carrier

351301

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SPRINGVILLE COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Kim Snitker**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Kim Snitker**

Title or position of Authorized Officer or employee: **Treasurer/ Executive Office Manager**

Telephone number of Authorized Officer or employee: **319-854-6107**

Study Area Code of Reporting Carrier

351302

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SPRINGVILLE COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Kim Snitker**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Kim Snitker**

Title or position of Authorized Officer or employee: **Treasurer/ Executive Office Manager**

Telephone number of Authorized Officer or employee: **319-854-6107**

Study Area Code of Reporting Carrier

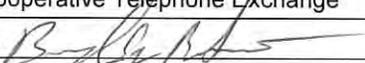
351302

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 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			
Study Area Code of Reporting Carrier	351303	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

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: **SO. SLOPE-SWISHER**

Signature of Authorized Officer or employee: **Chuck Deisbeck**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Chuck Deisbeck**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **319-626-2211**

Study Area Code of Reporting Carrier	351304		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **STRATFORD MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Jen Frank**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Jen Frank**

Title or position of Authorized Officer or employee: **Assistant Secretary/Office Manager**

Telephone number of Authorized Officer or employee: **515-838-2390**

Study Area Code of Reporting Carrier	351305		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SULLY TEL. ASSOC.**

Signature of Authorized Officer or employee: **Earl "Jack" De Angelo**
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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Earl "Jack" De Angelo**

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

Telephone number of Authorized Officer or employee: **641-594-2905**

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

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: **SUPERIOR TEL. COOP.**

Signature of Authorized Officer or employee: **Cheryl Noble**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Cheryl Noble**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **712-858-4591**

Study Area Code of Reporting Carrier

351307

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **TEMPLETON TEL. CO.**

Signature of Authorized Officer or employee: **Joe Behrens**
Digitally signed by Joe Behrens DN:cn=Joe Behrens,email=joebehrens2@netins.net,O=templeton tel. co.,l= , Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Joe Behrens**

Title or position of Authorized Officer or employee: **Board Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **712-669-3311**

Study Area Code of Reporting Carrier

351308

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TERRIL TELEPHONE COOPERATIVE**

Signature of Authorized Officer or employee: **John Noah**

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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **John Noah**

Title or position of Authorized Officer or employee: **General Manager/CCO**

Telephone number of Authorized Officer or employee: **712-853-1300**

Study Area Code of Reporting Carrier

351309

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TITONKA TEL. CO. DBA TITONKA-BURT COMM**

Signature of Authorized Officer or employee: **Aaron McCartan**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Aaron McCartan**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **515-928-2110**

Study Area Code of Reporting Carrier

351310

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TITONKA TEL. CO. DBA TITONKA-BURT COMM**

Signature of Authorized Officer or employee: **Aaron McCartan**

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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Aaron McCartan**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **515-928-2110**

Study Area Code of Reporting Carrier

351310

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **UNITED FARMERS TEL. CO.**

Signature of Authorized Officer or employee:	Roxanne White	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	Date: 5/19/2023

Printed name of Authorized Officer or employee: **Roxanne White**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **712-834-2211**

Study Area Code of Reporting Carrier	351316		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **VAN BUREN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Monte Hagge**
Digitally signed by Monte Hagge DN:cn=Monte Hagge,email=montehagge@netins.net,O=van buren tel. co., inc.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Monte Hagge**

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

Telephone number of Authorized Officer or employee: **319-293-3187**

Study Area Code of Reporting Carrier

351319

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **VAN BUREN TEL. CO., INC.**

Signature of Authorized Officer or employee: **Monte Hagge**
Digitally signed by Monte Hagge DN:cn=Monte Hagge,email=montehagge@netins.net,O=van buren tel. co., inc.,l= , Date:7/20/2023

Date: **7/20/2023**

Printed name of Authorized Officer or employee: **Monte Hagge**

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

Telephone number of Authorized Officer or employee: **319-293-3187**

Study Area Code of Reporting Carrier	351319		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **VAN HORNE COOP. TEL. CO.**

Signature of Authorized Officer or employee: Kristyn Frazier <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>	Date: 5/18/2023
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Printed name of Authorized Officer or employee: **Kristyn Frazier**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **319-228-8791**

Study Area Code of Reporting Carrier	351320		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **VENTURA TEL CO, INC**

Signature of Authorized Officer or employee: **Thomas Lovell**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Thomas Lovell**

Title or position of Authorized Officer or employee: **General Manager/Vice President**

Telephone number of Authorized Officer or employee: **641-357-2111**

Study Area Code of Reporting Carrier

351322

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WEBSTER-CALHOUN COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Daryl Carlson**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Daryl Carlson**

Title or position of Authorized Officer or employee: **Executive Vice President/General Manager**

Telephone number of Authorized Officer or employee: **515-352-3151**

Study Area Code of Reporting Carrier

351328

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WELLMAN COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Dion Schminke**
Digitally signed by Dion Schminke DN:cn=Dion Schminke,email=dion.s@wellmantelephone.com,O=wellman coop. tel. assn.,|=Wellman IA 52356-0170, Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Dion Schminke**

Title or position of Authorized Officer or employee: **General Manager, COO**

Telephone number of Authorized Officer or employee: **319-646-6075**

Study Area Code of Reporting Carrier

351329

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 IOWA TEL CO**

Signature of Authorized Officer or employee: **Robert Gannon**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Robert Gannon**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-786-5572**

Study Area Code of Reporting Carrier

351331

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 LIBERTY TEL. CO.**

Signature of Authorized Officer or employee: **Justin Stinson**
Digitally signed by Justin Stinson DN:cn=Justin Stinson,email=stinson@corp.Lcom.net,O=west liberty tel. co.,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Justin Stinson**

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

Telephone number of Authorized Officer or employee: **319-627-0218**

Study Area Code of Reporting Carrier	351332		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **WESTERN IOWA TEL. ASSN.**

Signature of Authorized Officer or employee: **Heath Mallory**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Heath Mallory**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-944-5711**

Study Area Code of Reporting Carrier

351334

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **WESTERN IOWA TEL. ASSN.**

Signature of Authorized Officer or employee: **Heath Mallory**
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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Heath Mallory**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-944-5711**

Study Area Code of Reporting Carrier	351334		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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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: **WESTSIDE INDEPENDENT**

Signature of Authorized Officer or employee: **Kevin Skinner**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Kevin Skinner**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-673-2311**

Study Area Code of Reporting Carrier

351335

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **WILTON TEL. CO.**

Signature of Authorized Officer or employee: **Mark Peterson**
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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Mark Peterson**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **563-732-3000**

Study Area Code of Reporting Carrier

351336

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **WOOLSTOCK MUT. TEL. ASSN.**

Signature of Authorized Officer or employee: **Chris Simmons**
Digitally signed by Chris Simmons DN:cn=Chris Simmons,email=chris@wmtel.net,O=woolstock mut. tel. assn., Date:5/17/2023

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Chris Simmons**

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

Telephone number of Authorized Officer or employee: **515-839-5571**

Study Area Code of Reporting Carrier	351342		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **WYOMING MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Kelly Brodersen**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Kelly Brodersen**

Title or position of Authorized Officer or employee: **Board Secretary/Office Manager**

Telephone number of Authorized Officer or employee: **563-488-2535**

Study Area Code of Reporting Carrier

351343

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **WYOMING MUTUAL TEL. CO.**

Signature of Authorized Officer or employee: **Kelly Brodersen**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Kelly Brodersen**

Title or position of Authorized Officer or employee: **Board Secretary/Office Manager**

Telephone number of Authorized Officer or employee: **563-488-2535**

Study Area Code of Reporting Carrier

351343

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: **PRAIRIE TEL CO**

Signature of Authorized Officer or employee: **Kevin Skinner**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Kevin Skinner**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **712-673-2311**

Study Area Code of Reporting Carrier

351344

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ALLIANCE-HILLS IA**

Signature of Authorized Officer or employee: **Kari Flanagan**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier

351405

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ALLIANCE-HILLS IA**

Signature of Authorized Officer or employee: **Kari Flanagan**
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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

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

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: **KILLDUFF TEL. CO.**

Signature of Authorized Officer or employee: Christopher Ulmer	Digitally signed by Christopher Ulmer DN:cn=Christopher Ulmer,email=culmer@icorellc.com,O=lynnville telephone company,l= , Date:5/18/2023	Date: 5/18/2023
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Printed name of Authorized Officer or employee: **Christopher Ulmer**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **610-928-3903**

Study Area Code of Reporting Carrier	351407		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MABEL COOP TEL-IA**

Signature of Authorized Officer or employee: **Julie Kolka**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Julie Kolka**

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

Telephone number of Authorized Officer or employee: **507-493-5411**

Study Area Code of Reporting Carrier

351424

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ACE TEL ASSN-MN**

Signature of Authorized Officer or employee: **Michael Osborne**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Michael Osborne**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **616-892-0123**

Study Area Code of Reporting Carrier

361346

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ALBANY MUTUAL TEL. ASSN., INC.**

Signature of Authorized Officer or employee: **Jared Johnson**
Digitally signed by Jared Johnson DN:cn=Jared Johnson,email=jared.johnson@albanytel.net,O=albany mutual tel. assn., inc., Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Jared Johnson**

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

Telephone number of Authorized Officer or employee: **320-845-2101**

Study Area Code of Reporting Carrier

361347

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **WILDERNESS VALLEY**

Signature of Authorized Officer or employee: **Shane Young**
Digitally signed by Shane Young DN:cn=Shane Young,email=Shane@northerntelephone.net,O=wilderness valley telephone company, inc., Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Shane Young**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **218-488-6565**

Study Area Code of Reporting Carrier

361348

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CITY OF BARNESVILLE TEL. CO.**

Signature of Authorized Officer or employee: **Guy Swenson**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Guy Swenson**

Title or position of Authorized Officer or employee: **TEC Manager**

Telephone number of Authorized Officer or employee: **218-354-2292**

Study Area Code of Reporting Carrier

361353

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BENTON COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Cheryl Scapanski**

Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop. tel. co.,l= , Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Cheryl Scapanski**

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

Telephone number of Authorized Officer or employee: **320-393-2115**

Study Area Code of Reporting Carrier

361356

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CALLAWAY TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361365

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CALLAWAY TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361365

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: **CLARA CITY TEL EXCH**

Signature of Authorized Officer or employee: **Bruce Hanson**
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier

361370

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CLARA CITY TEL EXCH**

Signature of Authorized Officer or employee: **Bruce Hanson**
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	361370		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CLEMENTS TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361372

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CLEMENTS TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361372

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CONSOLIDATED TEL. CO.-MN**

Signature of Authorized Officer or employee: **Greg Springer**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Greg Springer**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-454-1128**

Study Area Code of Reporting Carrier

361373

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

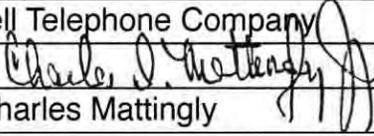
6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Dunnell Telephone Company	
Signature of authorized officer				Date	
Printed name of authorized officer		Charles Mattingly		5/18/2023	
Title or position of authorized officer		President			
Telephone number of authorized officer:		903 663-0099			
Study Area Code of Reporting Carrier		361381	ext.	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: **EMILY COOP TEL CO**

Signature of Authorized Officer or employee: **Josh Netland**
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

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	361387		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **EMILY COOP TEL CO**

Signature of Authorized Officer or employee: **Josh Netland**
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

Date: **7/20/2023**

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

361387

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FARMERS MUTUAL TEL. CO.-BELLINGHAM**

Signature of Authorized Officer or employee: **Kevin Beyer**
Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kevin.beyer@aciracoop.net,O=farmers mutual tel. co.-bellingham,l= , Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Kevin Beyer**

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

Telephone number of Authorized Officer or employee: **320-568-2105**

Study Area Code of Reporting Carrier

361389

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FEDERATED TEL COOP**

Signature of Authorized Officer or employee: **Kevin Beyer**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Kevin Beyer**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **320-324-7111**

Study Area Code of Reporting Carrier

361390

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GARDEN VALLEY TEL. CO. dba GARDEN VALLEY TECH**

Signature of Authorized Officer or employee: **Steve Mueller**

Digitally signed by Steve Mueller DN:cn=Steve Mueller,email=steve.mueller@gvtel.net,O=garden valley tel. co. dba garden valley tech,l=Erskine MN 56535, Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Steve Mueller**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-687-2400**

Study Area Code of Reporting Carrier

361395

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **GARDEN VALLEY TEL. CO. dba GARDEN VALLEY TECH**

Signature of Authorized Officer or employee: **Steve Mueller**

Digitally signed by Steve Mueller DN:cn=Steve Mueller,email=steve.mueller@gvtel.net,O=garden valley tel. co. dba garden valley tech,l=Erskine MN 56535, Date:7/26/2023

Date: **7/26/2023**

Printed name of Authorized Officer or employee: **Steve Mueller**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-687-2400**

Study Area Code of Reporting Carrier

361395

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: **GARDONVILLE COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **David Wolf**

Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop. tel. assn., Date:5/25/2023

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **David Wolf**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **320-524-2211**

Study Area Code of Reporting Carrier

361396

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GARDONVILLE COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **David Wolf**

Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gardonville.net,O=gardonville coop. tel. assn., Date:7/20/2023

Date: **7/20/2023**

Printed name of Authorized Officer or employee: **David Wolf**

Title or position of Authorized Officer or employee: **CEO and General Manager**

Telephone number of Authorized Officer or employee: **320-524-2211**

Study Area Code of Reporting Carrier

361396

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **HALSTAD TEL. CO.**

Signature of Authorized Officer or employee: **Mark Forseth**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Mark Forseth**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **218-456-2125**

Study Area Code of Reporting Carrier

361401

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **HALSTAD TEL. CO.**

Signature of Authorized Officer or employee: Mark Forseth	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	Date: 7/24/2023
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Printed name of Authorized Officer or employee: **Mark Forseth**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **218-456-2125**

Study Area Code of Reporting Carrier	361401		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FEDERATED TEL COOP**

Signature of Authorized Officer or employee: **Kevin Beyer**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Kevin Beyer**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **320-324-7111**

Study Area Code of Reporting Carrier

361403

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **HARMONY TEL CO**

Signature of Authorized Officer or employee: **Jill Huffman**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Jill Huffman**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **507-498-3456**

Study Area Code of Reporting Carrier

361404

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ALLIANCE-HILLS MN**

Signature of Authorized Officer or employee: **Kari Flanagan**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier

361405

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ALLIANCE-HILLS MN**

Signature of Authorized Officer or employee: **Kari Flanagan**
Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,I=Garretson SD 57030, Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier

361405

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **HOME TEL CO - MN**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361408

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **HOME TEL CO - MN**

Signature of Authorized Officer or employee: Staci Malikowski	Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:7/21/2023	Date: 7/21/2023
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Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier	361408		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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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: HUTCHINSON TEL CO

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date:5/22/2023

Date: 5/22/2023

Printed name of Authorized Officer or employee: Curt Kawlewski

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 507-233-4172

Study Area Code of Reporting Carrier	361409		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: HUTCHINSON TEL CO

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date:7/24/2023

Date: 7/24/2023

Printed name of Authorized Officer or employee: Curt Kawlewski

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 507-233-4172

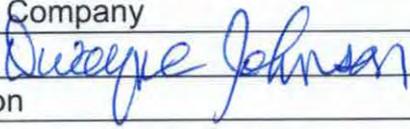
Study Area Code of Reporting Carrier	361409		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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 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		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		<i>Dwayne Johnson</i>		Date	07/25/2023
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		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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: **KASSON & MANTORVILLE TEL. CO.**

Signature of Authorized Officer or employee: **Beth Tollefson**
Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=btollefson@kmtel.com,O=kasson & mantorville tel. co.,l= , Date:5/31/2023

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Beth Tollefson**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-634-2511**

Study Area Code of Reporting Carrier

361412

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **LISMORE COOPERATIVE TELEPHONE CO.**

Signature of Authorized Officer or employee: **Tarri Joens**

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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Tarri Joens**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **507-472-8748**

Study Area Code of Reporting Carrier

361419

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **LISMORE COOPERATIVE TELEPHONE CO.**

Signature of Authorized Officer or employee: **Tarri Joens**

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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Tarri Joens**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **507-472-8748**

Study Area Code of Reporting Carrier

361419

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: **RUNESTONE TEL ASSN**

Signature of Authorized Officer or employee: **Kent Hedstrom**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Kent Hedstrom**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **320-986-2013**

Study Area Code of Reporting Carrier

361423

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **RUNESTONE TEL ASSN**

Signature of Authorized Officer or employee: **Kent Hedstrom**
Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent.hedstrom@runestone.com,O=runestone telephone association,|=Hoffman MN 56339-0336, Date:7/25/2023

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Kent Hedstrom**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **320-986-2013**

Study Area Code of Reporting Carrier

361423

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MABEL COOP TEL - MN**

Signature of Authorized Officer or employee: **Julie Kolka**

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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Julie Kolka**

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

Telephone number of Authorized Officer or employee: **507-493-5411**

Study Area Code of Reporting Carrier

361424

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CHRISTENSEN COMMUNICATIONS COMPANY**

Signature of Authorized Officer or employee: **Glen Christensen**
Digitally signed by Glen Christensen DN:cn=Glen Christensen,email=glenc@chriscomco.net,O=christensen communications company,l= , Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Glen Christensen**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **507-642-5555**

Study Area Code of Reporting Carrier

361425

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CHRISTENSEN COMMUNICATIONS COMPANY**

Signature of Authorized Officer or employee: **Glen Christensen**
Digitally signed by Glen Christensen DN:cn=Glen Christensen,email=glenc@chriscomco.net,O=christensen communications company,l= , Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Glen Christensen**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **507-642-5555**

Study Area Code of Reporting Carrier	361425		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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

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: **MELROSE TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361430

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MELROSE TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361430

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MIDWEST TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361431

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MIDWEST TEL CO**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361431

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: **MINNESOTA VALLEY TEL**

Signature of Authorized Officer or employee: **Danny Busche**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Danny Busche**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **507-557-2275**

Study Area Code of Reporting Carrier	361439		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **MINNESOTA VALLEY TEL**

Signature of Authorized Officer or employee: **Danny Busche**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Danny Busche**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **507-557-2275**

Study Area Code of Reporting Carrier	361439		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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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: **NUVERA COMM.**

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier	361442		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **NUVERA COMM.**

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier	361442		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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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: **LORETEL SYSTEMS, INC**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361443

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **LORETEL SYSTEMS, INC**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361443

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: **PARK REGION MUTUAL**

Signature of Authorized Officer or employee: **Dave Bickett**

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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Dave Bickett**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier

361450

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PARK REGION MUTUAL**

Signature of Authorized Officer or employee: **Dave Bickett**

Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Dave Bickett**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier

361450

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PAUL BUNYAN RURAL TEL. COOP.**

Signature of Authorized Officer or employee: **Dave Schultz**
Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural tel. coop.,l= , Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Dave Schultz**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-444-1141**

Study Area Code of Reporting Carrier	361451		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **PAUL BUNYAN RURAL TEL. COOP.**

Signature of Authorized Officer or employee: **Dave Schultz**
Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural tel. coop.,l= , Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Dave Schultz**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-444-1141**

Study Area Code of Reporting Carrier	361451		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **REDWOOD COUNTY TEL**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361472

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **REDWOOD COUNTY TEL**

Signature of Authorized Officer or employee: **Staci Malikowski**
Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel. co.,l= , Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Staci Malikowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

361472

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ROTHSAY TEL CO, INC**

Signature of Authorized Officer or employee: **Dave Bickett**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Dave Bickett**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier

361474

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ROTHSAY TEL CO, INC**

Signature of Authorized Officer or employee: **Dave Bickett**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Dave Bickett**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier

361474

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **RUNESTONE TEL ASSN**

Signature of Authorized Officer or employee: **Kent Hedstrom**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Kent Hedstrom**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **320-986-2013**

Study Area Code of Reporting Carrier	361475		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **RUNESTONE TEL ASSN**

Signature of Authorized Officer or employee: **Kent Hedstrom**
Digitally signed by Kent Hedstrom DN:cn=Kent Hedstrom,email=kent.hedstrom@runestone.com,O=runestone telephone association,|=Hoffman MN 56339-0336, Date:7/25/2023

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Kent Hedstrom**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **320-986-2013**

Study Area Code of Reporting Carrier

361475

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SACRED HEART TEL CO**

Signature of Authorized Officer or employee: **Bruce Hanson**
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	361476		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SACRED HEART TEL CO**

Signature of Authorized Officer or employee: Bruce Hanson	Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:7/24/2023	Date: 7/24/2023
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Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	361476		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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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: **SCOTT RICE TEL CO**

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier

361479

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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		<i>Curtis O. Kawlewski</i>		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		
<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: **SLEEPY EYE TEL CO**

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier

361483

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SLEEPY EYE TEL CO**

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier	361483		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SPRING GROVE COMM.**

Signature of Authorized Officer or employee: Jill Huffman	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	Date: 5/25/2023
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Printed name of Authorized Officer or employee: **Jill Huffman**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **507-498-3456**

Study Area Code of Reporting Carrier	361485		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **STARBUCK TEL CO**

Signature of Authorized Officer or employee: **Bruce Hanson**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	361487		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **STARBUCK TEL CO**

Signature of Authorized Officer or employee: **Bruce Hanson**
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier

361487

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **UPSALA COOPERATIVE TELEPHONE ASSN.**

Signature of Authorized Officer or employee: **Tony Gebhard**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Tony Gebhard**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **320-573-1390**

Study Area Code of Reporting Carrier

361494

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **VALLEY TEL CO - MN**

Signature of Authorized Officer or employee: **Dave Bickett**
Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Dave Bickett**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier

361495

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **VALLEY TEL CO - MN**

Signature of Authorized Officer or employee: **Dave Bickett**
Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=park region mutual tel. co.,l=Underwood MN 56586-0277, Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Dave Bickett**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **218-826-6161**

Study Area Code of Reporting Carrier

361495

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TRI-CO/CROSSLAKE**

Signature of Authorized Officer or employee: **Josh Netland**
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

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

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

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

Name of Reporting Carrier: **NORTHERN TEL CO - MN**

Signature of Authorized Officer or employee: **Shane Young**
Digitally signed by Shane Young DN:cn=Shane Young,email=Shane@northerntelephone.net,O=wilderness valley telephone company, inc., Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Shane Young**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **218-488-6565**

Study Area Code of Reporting Carrier	361500		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WEST CENTRAL TELEPHONE ASSN.**

Signature of Authorized Officer or employee: **Chad Bullock**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Chad Bullock**

Title or position of Authorized Officer or employee: **CEO-GM**

Telephone number of Authorized Officer or employee: **218-837-5151**

Study Area Code of Reporting Carrier

361501

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WESTERN TEL CO**

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Inc., Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier	361502		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WESTERN TEL CO**

Signature of Authorized Officer or employee: **Curt Kawlewski**
Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=hutchinson telephone company, Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

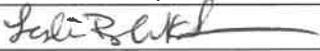
Study Area Code of Reporting Carrier	361502		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Wikstrom Telephone Co. Inc			
Signature of authorized officer		Date	05/26/2023
Printed name of authorized officer Leslie B Wikstrom			
Title or position of authorized officer Vice President			
Telephone number of authorized officer: (218) 436-2121			
Study Area Code of Reporting Carrier	361505	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: **WINTHROP TEL CO**

Signature of Authorized Officer or employee: **Danny Busche**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Danny Busche**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **507-557-2275**

Study Area Code of Reporting Carrier

361508

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WINTHROP TEL CO**

Signature of Authorized Officer or employee: **Danny Busche**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Danny Busche**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **507-557-2275**

Study Area Code of Reporting Carrier

361508

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WOODSTOCK TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Terry Nelson**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Terry Nelson**

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

Telephone number of Authorized Officer or employee: **507-658-3830**

Study Area Code of Reporting Carrier

361510

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Wolverton Telephone Co.				
Signature of authorized officer <i>Karl Blake</i>			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

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: **ZUMBROTA TEL CO**

Signature of Authorized Officer or employee: **Bruce Hanson**
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=hanson comm of ohio, llc.-columbus grove, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier

361515

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ZUMBROTA TEL CO**

Signature of Authorized Officer or employee: Bruce Hanson	Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:7/24/2023	Date: 7/24/2023
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Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	361515		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **INTERSTATE TELECOMM.**

Signature of Authorized Officer or employee: **Tracy Bandemer**
Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=tracy.bandemer@itccoop.com,O=interstate telecommunications coop., inc.-mn,I=Clear Lake SD 57226-0920, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Tracy Bandemer**

Title or position of Authorized Officer or employee: **CEO/ General Manager**

Telephone number of Authorized Officer or employee: **605-874-2181**

Study Area Code of Reporting Carrier

361654

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ARAPAHOE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **John Koller**

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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **John Koller**

Title or position of Authorized Officer or employee: **VP Operations**

Telephone number of Authorized Officer or employee: **308-962-7298**

Study Area Code of Reporting Carrier

371516

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ELSIE COMM., INC.**

Signature of Authorized Officer or employee: **David Shipley**
Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie communications, inc.,l=Colorado City CO 81019, Date:5/21/2023

Date: **5/21/2023**

Printed name of Authorized Officer or employee: **David Shipley**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **866-542-6780**

Study Area Code of Reporting Carrier	371518		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **THREE RIVER TELCO**

Signature of Authorized Officer or employee: **Steven Dorf**

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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Steven Dorf**

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

Telephone number of Authorized Officer or employee: **402-569-2666**

Study Area Code of Reporting Carrier

371525

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CAMBRIDGE TEL CO -NE**

Signature of Authorized Officer or employee: **J. Shoemaker**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **J. Shoemaker**

Title or position of Authorized Officer or employee: **V P Regulatory Affairs**

Telephone number of Authorized Officer or employee: **308-697-3333**

Study Area Code of Reporting Carrier

371526

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CONSOLIDATED TELCO**

Signature of Authorized Officer or employee: **Wendy Thompson Fast**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier	371530		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **CONSOLIDATED TEL CO**

Signature of Authorized Officer or employee: Wendy Thompson Fast	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	Date: 5/24/2023
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Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier	371532		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **COZAD TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Marcus Young**
Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad telephone company,l= , Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Marcus Young**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **308-784-4044**

Study Area Code of Reporting Carrier	371534		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **CURTIS TEL CO**

Signature of Authorized Officer or employee: **Wendy Thompson Fast**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier	371536		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **DALTON TEL CO, INC**

Signature of Authorized Officer or employee: **David Shipley**
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

Date: **5/21/2023**

Printed name of Authorized Officer or employee: **David Shipley**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **866-542-6779**

Study Area Code of Reporting Carrier	371537		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **DALTON TEL CO, INC**

Signature of Authorized Officer or employee: **David Shipley**
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

Date: **7/26/2023**

Printed name of Authorized Officer or employee: **David Shipley**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **866-542-6779**

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

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: **DILLER TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Loren Duerksen**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Loren Duerksen**

Title or position of Authorized Officer or employee: **General Manager/Director of Operations**

Telephone number of Authorized Officer or employee: **402-793-5330**

Study Area Code of Reporting Carrier

371540

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **GLENWOOD TEL MEMBER**

Signature of Authorized Officer or employee: **Stanley Rouse**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Stanley Rouse**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **402-756-3131**

Study Area Code of Reporting Carrier

371553

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 TEL CO**

Signature of Authorized Officer or employee: **John Nelson**

Digitally signed by John Nelson DN:cn=John Nelson,email=john.nelson@hamiltontel.com,O=hamilton telephone company,l= , Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **John Nelson**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **402-694-5101**

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

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: **HARTINGTON TELECOMMUNICATIONS CO., INC.**

Signature of Authorized Officer or employee: **Dave Nilles**

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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Dave Nilles**

Title or position of Authorized Officer or employee: **CFO/ General Manager**

Telephone number of Authorized Officer or employee: **402-254-3901**

Study Area Code of Reporting Carrier

371556

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **HARTMAN TELEPHONE EXCHANGES INC.**

Signature of Authorized Officer or employee: **Jenna Burrell**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Jenna Burrell**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **308-423-5607**

Study Area Code of Reporting Carrier

371557

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **HEMINGFORD COOP. TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Tonya Mayer**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Tonya Mayer**

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

Telephone number of Authorized Officer or employee: **308-487-3311**

Study Area Code of Reporting Carrier

371558

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **HENDERSON CO-OP TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **James Mestl**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **James Mestl**

Title or position of Authorized Officer or employee: **Board President**

Telephone number of Authorized Officer or employee: **402-723-4448**

Study Area Code of Reporting Carrier

371559

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **HERSHEY COOPERATIVE TELEPHONE CO**

Signature of Authorized Officer or employee: **Rex Woolley**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Rex Woolley**

Title or position of Authorized Officer or employee: **General Manager & CEO**

Telephone number of Authorized Officer or employee: **308-368-5561**

Study Area Code of Reporting Carrier

371561

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CONSOLIDATED TELECOM**

Signature of Authorized Officer or employee: **Wendy Thompson Fast**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-489-2728**

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **HOOPER TEL CO**

Signature of Authorized Officer or employee: **Robert Gannon**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Robert Gannon**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-786-5572**

Study Area Code of Reporting Carrier	371563		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **K & M TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Thomas Magnuson**
Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k & m telephone company inc.,l=Chambers NE 68725, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Thomas Magnuson**

Title or position of Authorized Officer or employee: **President/General Manager**

Telephone number of Authorized Officer or employee: **402-482-5800**

Study Area Code of Reporting Carrier

371565

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **GLENWOOD NET SRV**

Signature of Authorized Officer or employee: **Stanley Rouse**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Stanley Rouse**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **402-756-3131**

Study Area Code of Reporting Carrier

371567

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **NEBRASKA CENTRAL TEL**

Signature of Authorized Officer or employee: **John Nelson**

Digitally signed by John Nelson DN:cn=John Nelson,email=john.nelson@hamiltontel.com,O=nebraska central telephone company,l= , Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **John Nelson**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **402-694-5101**

Study Area Code of Reporting Carrier

371574

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **NEBRASKA CENTRAL TEL**

Signature of Authorized Officer or employee: **John Nelson**
Digitally signed by John Nelson DN:cn=John Nelson,email=john.nelson@hamiltontel.com,O=nebraska central telephone company,l= , Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **John Nelson**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **402-694-5101**

Study Area Code of Reporting Carrier

371574

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: **NORTHEAST NEBRASKA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Patrick McElroy**

Digitally signed by Patrick McElroy DN:cn=Patrick McElroy,email=pat.mcelroy@nntcemployee.com,O=northeast nebraska telephone company,lc=, Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Patrick McElroy**

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

Telephone number of Authorized Officer or employee: **402-632-4321**

Study Area Code of Reporting Carrier

371576

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PIERCE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **William Fogle**
Digitally signed by William Fogle DN:cn=William Fogle,email=wfogle@piercetelphone.com,O=pierce telephone company,l=Pierce NE 68767-0113, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **William Fogle**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **402-329-6225**

Study Area Code of Reporting Carrier

371581

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PLAINVIEW TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Eric Nye**

Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@plwvtelco.net,O=plainview telephone company inc.,l=Plainview NE 68769-0117, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Eric Nye**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-582-4242**

Study Area Code of Reporting Carrier

371582

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SODTOWN COMM.**

Signature of Authorized Officer or employee: **Wendy Thompson Fast**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier	371590		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **SOUTHEAST NEBRASKA COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Ray Joy**

Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=southeast nebraska communications, inc.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Ray Joy**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **402-245-4451**

Study Area Code of Reporting Carrier

371591

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **STANTON TELECOM INC.**

Signature of Authorized Officer or employee: **Nicholas Paden**
Digitally signed by Nicholas Paden DN:cn=Nicholas Paden,email=npaden@stanton.net,O=stanton telecom inc.,I=Stanton NE 68779, Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Nicholas Paden**

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

Telephone number of Authorized Officer or employee: **402-439-2264**

Study Area Code of Reporting Carrier

371592

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **WAUNETA TEL. CO.**

Signature of Authorized Officer or employee: **Jenna Burrell**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Jenna Burrell**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **308-423-5607**

Study Area Code of Reporting Carrier

371597

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BENKELMAN TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Jenna Burrell**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Jenna Burrell**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **308-423-5607**

Study Area Code of Reporting Carrier

372455

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 DAKOTA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Shawna Senger**

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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Shawna Senger**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **701-662-6428**

Study Area Code of Reporting Carrier

381447

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

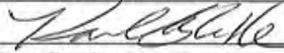
6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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 ext.			
Study Area Code of Reporting Carrier	381509	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: **WOLVERTON TEL CO**

Signature of Authorized Officer or employee: **Karl Blake**

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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Karl Blake**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **701-284-4334**

Study Area Code of Reporting Carrier

381509

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: **BEK COMM. COOP.**

Signature of Authorized Officer or employee: **Brandon Vaughan**
Digitally signed by Brandon Vaughan DN:cn=Brandon Vaughan,email=brandonv@bektel.coop,O=bek communications cooperative,l=Steele ND 58482, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Brandon Vaughan**

Title or position of Authorized Officer or employee: **CFO/Financial Manager**

Telephone number of Authorized Officer or employee: **701-475-1246**

Study Area Code of Reporting Carrier	381604		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **CONSOLIDATED TELCOM**

Signature of Authorized Officer or employee: **Bryan Personne**
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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Bryan Personne**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **701-483-4000**

Study Area Code of Reporting Carrier

381607

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

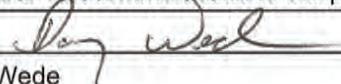
6/16/2023

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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: **DICKEY RURAL TEL COOP.**

Signature of Authorized Officer or employee: **Troy Radermacher**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Troy Radermacher**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **701-344-6061**

Study Area Code of Reporting Carrier

381611

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 <i>Karl Blake</i>		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	381614	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: **POLAR COMM MUT AID-A**

Signature of Authorized Officer or employee: **Karl Blake**

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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Karl Blake**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **701-284-4334**

Study Area Code of Reporting Carrier

381614

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GRIGGS COUNTY TEL CO**

Signature of Authorized Officer or employee: **Tyler Kilde**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Tyler Kilde**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **701-437-9209**

Study Area Code of Reporting Carrier

381615

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **GRIGGS COUNTY TEL CO**

Signature of Authorized Officer or employee: **Tyler Kilde**

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

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Tyler Kilde**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **701-437-9209**

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

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: **INTER-COMMUNITY TEL**

Signature of Authorized Officer or employee: **Brandon Vaughan**
Digitally signed by Brandon Vaughan DN:cn=Brandon Vaughan,email=brandonv@bektel.coop,O=bek communications cooperative,l=Steele ND 58482, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Brandon Vaughan**

Title or position of Authorized Officer or employee: **CFO/Financial Manager**

Telephone number of Authorized Officer or employee: **701-475-1246**

Study Area Code of Reporting Carrier	381616		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **INTER-COMMUNITY TEL**

Signature of Authorized Officer or employee: **Brandon Vaughan**
Digitally signed by Brandon Vaughan DN:cn=Brandon Vaughan,email=brandonv@bektel.coop,O=inter-community telephone company,I=Steele ND 58482, Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Brandon Vaughan**

Title or position of Authorized Officer or employee: **CFO/Financial Manager**

Telephone number of Authorized Officer or employee: **701-475-1246**

Study Area Code of Reporting Carrier

381616

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MIDSTATE TEL CO**

Signature of Authorized Officer or employee: **Shane Hart**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Shane Hart**

Title or position of Authorized Officer or employee: **CEO/ General Manager**

Telephone number of Authorized Officer or employee: **701-862-3115**

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

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: **GRIGGS CTY (M&L)**

Signature of Authorized Officer or employee: **Tyler Kilde**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Tyler Kilde**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **701-437-9209**

Study Area Code of Reporting Carrier

381622

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **GRIGGS CTY (M&L)**

Signature of Authorized Officer or employee: **Tyler Kilde**

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

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Tyler Kilde**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **701-437-9209**

Study Area Code of Reporting Carrier

381622

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NORTHWEST COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Jennifer Bingeman**
Digitally signed by Jennifer Bingeman DN:cn=Jennifer Bingeman,email=jenb@nccray.com,O=northwest communications cooperative,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Jennifer Bingeman**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **701-568-8101**

Study Area Code of Reporting Carrier

381625

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

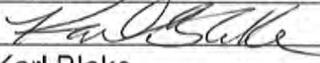
6/16/2023

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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			381630		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

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 COMM MUT AID**

Signature of Authorized Officer or employee: **Karl Blake**
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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Karl Blake**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **701-284-4334**

Study Area Code of Reporting Carrier

381630

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: **RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM**

Signature of Authorized Officer or employee: **Thomas Steinolfson**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Thomas Steinolfson**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **701-553-8309**

Study Area Code of Reporting Carrier

381631

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **RED RIVER RURAL TEL. ASSN. DBA RED RIVER COMM**

Signature of Authorized Officer or employee: **Thomas Steinolfson**
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

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Thomas Steinolfson**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **701-553-8309**

Study Area Code of Reporting Carrier

381631

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				RESERVATION TELEPHONE COOPERATIVE	
Signature of authorized officer		<i>Shane D Hart</i>		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

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: **UNITED TEL MUTUAL**

Signature of Authorized Officer or employee: **Steve Swanson**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Steve Swanson**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **701-256-5156**

Study Area Code of Reporting Carrier

381636

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **W. RIVER TELECOM.**

Signature of Authorized Officer or employee: **Troy Schilling**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Troy Schilling**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **701-748-2211**

Study Area Code of Reporting Carrier

381637

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MIDSTATE COMM.**

Signature of Authorized Officer or employee: **Shane Hart**

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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Shane Hart**

Title or position of Authorized Officer or employee: **CEO/ General Manager**

Telephone number of Authorized Officer or employee: **701-862-3115**

Study Area Code of Reporting Carrier

381638

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SRT COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Cassidy Hjelmstad**
Digitally signed by Cassidy Hjelmstad DN:cn=Cassidy Hjelmstad,email=cassidyh@srttel.com,O=srt communications, inc.,l= , Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Cassidy Hjelmstad**

Title or position of Authorized Officer or employee: **CEO/ General Manager**

Telephone number of Authorized Officer or employee: **701-838-9719**

Study Area Code of Reporting Carrier

383303

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ALLIANCE-HILLS SD**

Signature of Authorized Officer or employee: **Kari Flanagan**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier

391405

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ALLIANCE-HILLS SD**

Signature of Authorized Officer or employee: **Kari Flanagan**
Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,I=Garretson SD 57030, Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier

391405

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GOLDEN WEST-ARMOUR**

Signature of Authorized Officer or employee: **Dennis Law**

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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391640

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GOLDEN WEST-ARMOUR**

Signature of Authorized Officer or employee: **Dennis Law**

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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391640

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ALLIANCE-BALTIC**

Signature of Authorized Officer or employee: **Kari Flanagan**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier

391642

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ALLIANCE-BALTIC**

Signature of Authorized Officer or employee: **Kari Flanagan**
Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,I=Garretson SD 57030, Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier

391642

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

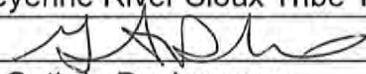
7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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	
<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: **BERESFORD MUNICIPAL TEL. CO.**

Signature of Authorized Officer or employee: **Austin Hansen**
Digitally signed by Austin Hansen DN:cn=Austin Hansen,email=austinh@beresfordtel.com,O=beresford municipal tel. co.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Austin Hansen**

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

Telephone number of Authorized Officer or employee: **605-763-2500**

Study Area Code of Reporting Carrier

391649

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BERESFORD MUNICIPAL TEL. CO.**

Signature of Authorized Officer or employee: **Austin Hansen**
Digitally signed by Austin Hansen DN:cn=Austin Hansen,email=austinh@beresfordtel.com,O=beresford municipal tel. co.,l= , Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Austin Hansen**

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

Telephone number of Authorized Officer or employee: **605-763-2500**

Study Area Code of Reporting Carrier	391649		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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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: **CLARITY TELECOM, LLC DBA BLUEPEAK**

Signature of Authorized Officer or employee: **Snow Le**

Digitally signed by Snow Le DN:cn=Snow Le,email=Snow.Le@mybluepeak.com,O=clarity telecom, llc dba bluepeak,l= , Date:5/25/2023

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Snow Le**

Title or position of Authorized Officer or employee: **CAO**

Telephone number of Authorized Officer or employee: **720-316-1257**

Study Area Code of Reporting Carrier

391652

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CLARITY TELECOM, LLC DBA BLUEPEAK**

Signature of Authorized Officer or employee: **Snow Le**
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

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Snow Le**

Title or position of Authorized Officer or employee: **CAO**

Telephone number of Authorized Officer or employee: **720-316-1257**

Study Area Code of Reporting Carrier	391652		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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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: **CITY OF FAITH MUNICIPAL TEL CO**

Signature of Authorized Officer or employee: **Debbie Brown**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Debbie Brown**

Title or position of Authorized Officer or employee: **Finance Officer**

Telephone number of Authorized Officer or employee: **605-967-2261**

Study Area Code of Reporting Carrier

391653

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **INTERSTATE TELECOMM.**

Signature of Authorized Officer or employee: **Tracy Bandemer**

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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Tracy Bandemer**

Title or position of Authorized Officer or employee: **CEO/ General Manager**

Telephone number of Authorized Officer or employee: **605-874-2181**

Study Area Code of Reporting Carrier

391654

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ALLIANCE-SPLITROCK**

Signature of Authorized Officer or employee: **Kari Flanagan**

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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier

391657

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ALLIANCE-SPLITROCK**

Signature of Authorized Officer or employee: **Kari Flanagan**
Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance comm. cooperative, inc.-hills ia,I=Garretson SD 57030, Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Kari Flanagan**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **605-594-8228**

Study Area Code of Reporting Carrier	391657		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GOLDEN WEST TELECOM**

Signature of Authorized Officer or employee: **Dennis Law**

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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

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

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: **GOLDEN WEST TELECOM**

Signature of Authorized Officer or employee: **Dennis Law**

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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391659

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FT RANDALL-MT RUSHMR**

Signature of Authorized Officer or employee: **Bruce Hanson**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	391660		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FT RANDALL-MT RUSHMR**

Signature of Authorized Officer or employee: **Bruce Hanson**
Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home tel. co.,l= , Date:7/24/2023

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier	391660		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **JAMES VALLEY COOPERATIVE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **James Groft**
Digitally signed by James Groft DN:cn=James Groft,email=jgroft@nvc.net,O=james valley cooperative telephone company, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **James Groft**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **605-397-2323**

Study Area Code of Reporting Carrier

391664

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

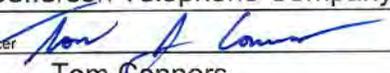
6/16/2023

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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				Jefferson Telephone Company	
Signature of authorized officer				Date	05/23/2023
Printed name of authorized officer		Tom Connors			
Title or position of authorized officer		Manager			
Telephone number of authorized officer:		(712) 271-4000			
Study Area Code of Reporting Carrier		391666	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

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: **JEFFERSON TEL CO -SD**

Signature of Authorized Officer or employee: Paul Bergmann	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	Date: 7/25/2023
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Printed name of Authorized Officer or employee: **Paul Bergmann**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **712-271-5535**

Study Area Code of Reporting Carrier	391666		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GOLDEN WEST-KADOKA**

Signature of Authorized Officer or employee: **Dennis Law**

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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391667

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GOLDEN WEST-KADOKA**

Signature of Authorized Officer or employee: **Dennis Law**

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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

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

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: **KENNEBEC TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Matt Collins**
Digitally signed by Matt Collins DN:cn=Matt Collins,email=mattc@kennebectelephone.com,O=kennebec telephone company,l=Kennebec SD 57544, Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Matt Collins**

Title or position of Authorized Officer or employee: **President/Manager**

Telephone number of Authorized Officer or employee: **605-869-2220**

Study Area Code of Reporting Carrier

391668

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **TRIOTEL COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: Heather Kranz	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	Date: 5/19/2023
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Printed name of Authorized Officer or employee: **Heather Kranz**

Title or position of Authorized Officer or employee: **CEO/GM**

Telephone number of Authorized Officer or employee: **605-425-2238**

Study Area Code of Reporting Carrier	391669		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **MIDSTATE COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Chad Mutziger**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Chad Mutziger**

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

Telephone number of Authorized Officer or employee: **605-778-6221**

Study Area Code of Reporting Carrier

391670

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WEST RIVER(MOBRIDGE)**

Signature of Authorized Officer or employee: **Troy Schilling**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Troy Schilling**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **701-748-2211**

Study Area Code of Reporting Carrier

391671

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 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

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: **SANTEL COMM. COOP.**

Signature of Authorized Officer or employee: **Ryan Thompson**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Ryan Thompson**

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

Telephone number of Authorized Officer or employee: **605-796-8143**

Study Area Code of Reporting Carrier

391676

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **GOLDEN WEST-SIOUX VY**

Signature of Authorized Officer or employee: **Dennis Law**

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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391677

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **GOLDEN WEST-SIOUX VY**

Signature of Authorized Officer or employee: **Dennis Law**

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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391677

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: **VENTURE COMMUNICATIONS COOPERATIVE**

Signature of Authorized Officer or employee: **Fay Jandreau**

Digitally signed by Fay Jandreau DN:cn=Fay Jandreau,email=fajj@venture.coop,O=venture communications cooperative,l=Highmore SC 57345, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Fay Jandreau**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **605-852-2224**

Study Area Code of Reporting Carrier

391680

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **GOLDEN WEST-UNION**

Signature of Authorized Officer or employee: **Dennis Law**

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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391684

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **GOLDEN WEST-UNION**

Signature of Authorized Officer or employee: **Dennis Law**

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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391684

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **VALLEY TELECOMM. COOP. ASSN., INC.**

Signature of Authorized Officer or employee: **Jeff Symens**
Digitally signed by Jeff Symens DN:cn=Jeff Symens,email=jeff.s@valleytel.coop,O=valley telecomm. coop. assn.,inc.,l=Herreid SD 57632-0007, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Jeff Symens**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-437-2615**

Study Area Code of Reporting Carrier	391685		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GOLDEN WEST-VIVIAN**

Signature of Authorized Officer or employee: **Dennis Law**

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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391686

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **GOLDEN WEST-VIVIAN**

Signature of Authorized Officer or employee: **Dennis Law**

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

Date: **7/24/2023**

Printed name of Authorized Officer or employee: **Dennis Law**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **605-279-2161**

Study Area Code of Reporting Carrier

391686

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WEST RIVER COOPERATIVE TEL. CO.**

Signature of Authorized Officer or employee: **Eric Kahler**

Digitally signed by Eric Kahler DN:cn=Eric Kahler,email=ekahler@wrctc.coop,O=west river cooperative tel. co.,l= , Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Eric Kahler**

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

Telephone number of Authorized Officer or employee: **605-244-5213**

Study Area Code of Reporting Carrier

391689

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ARKANSAS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Randy McCaslin**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Randy McCaslin**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **501-745-2114**

Study Area Code of Reporting Carrier

401692

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ARKANSAS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Randy McCaslin**
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

Date: **7/26/2023**

Printed name of Authorized Officer or employee: **Randy McCaslin**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **501-745-2114**

Study Area Code of Reporting Carrier	401692		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CENTRAL ARKANSAS TEL. COOP INC.**

Signature of Authorized Officer or employee: **Larry Frazier**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Larry Frazier**

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

Telephone number of Authorized Officer or employee: **501-865-7008**

Study Area Code of Reporting Carrier	401697		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CLEVELAND COUNTY TEL**

Signature of Authorized Officer or employee: **Wendy Ottman**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier	401698		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **DECATUR TEL CO INC**

Signature of Authorized Officer or employee: **Wendy Ottman**
Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland city tel. co.,l=Oregon MO 64473, Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier

401699

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SOUTH ARKANSAS TEL. CO., INC.**

Signature of Authorized Officer or employee: **Greg Ashcraft**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Greg Ashcraft**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **870-942-4344**

Study Area Code of Reporting Carrier

401702

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LAVACA TEL CO-AR**

Signature of Authorized Officer or employee: Trent LeForce <small>Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tleforce@dobson.net,O=lavaca telephone-ar, Date:5/22/2023</small>	Date: 5/22/2023
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Printed name of Authorized Officer or employee: **Trent LeForce**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **405-242-0336**

Study Area Code of Reporting Carrier	401704		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MADISON COUNTY TEL. CO. INC.**

Signature of Authorized Officer or employee: **Tom Shrum**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Tom Shrum**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **479-738-2121**

Study Area Code of Reporting Carrier

401709

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MAGAZINE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Cheryl Stone**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Cheryl Stone**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **479-969-2211**

Study Area Code of Reporting Carrier

401710

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MOUNTAIN VIEW TEL CO**

Signature of Authorized Officer or employee: **Aaron Millsap**

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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Aaron Millsap**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **870-425-3100**

Study Area Code of Reporting Carrier

401712

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NORTHERN ARKANSAS TEL. CO.,INC.**

Signature of Authorized Officer or employee: **Steven Sanders, Jr.**

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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Steven Sanders, Jr.**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **870-453-9273**

Study Area Code of Reporting Carrier

401713

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PRAIRIE GROVE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **David Parks**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **David Parks**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **479-846-7200**

Study Area Code of Reporting Carrier

401718

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

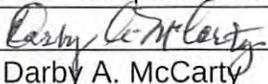
6/16/2023

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 Not Seeking Duplicative Recovery

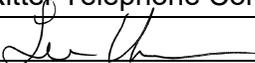
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

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		
<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				E. Ritter Telephone Company, LLC	
Signature of authorized officer				Date	05/30/2023
Printed name of authorized officer		Lexanne Horton			
Title or position of authorized officer		CFO			
Telephone number of authorized officer: (870)336-2321 , ext.					
Study Area Code of Reporting Carrier		401722	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: **SOUTHWEST ARKANSAS TEL. COOP. INC.**

Signature of Authorized Officer or employee: **Tina Moore**

Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=southwest arkansas tel. coop. inc.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Tina Moore**

Title or position of Authorized Officer or employee: **Accountant**

Telephone number of Authorized Officer or employee: **870-653-8222**

Study Area Code of Reporting Carrier

401724

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **WALNUT HILL TEL CO**

Signature of Authorized Officer or employee: **Tammy Souza**
Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Tammy Souza**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **904-259-0036**

Study Area Code of Reporting Carrier

401729

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **YELCOT TEL CO INC**

Signature of Authorized Officer or employee: **Aaron Millsap**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Aaron Millsap**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **870-425-3100**

Study Area Code of Reporting Carrier	401733		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **SCOTT COUNTY TEL CO**

Signature of Authorized Officer or employee: Karen Gilliam <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>	Date: 5/18/2023
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Printed name of Authorized Officer or employee: **Karen Gilliam**

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

Telephone number of Authorized Officer or employee: **479-923-4200**

Study Area Code of Reporting Carrier	403031		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BLUE VALLEY TELE-COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Candace Wright**
Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-communications, inc.,l= , Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Candace Wright**

Title or position of Authorized Officer or employee: **GM/CEO**

Telephone number of Authorized Officer or employee: **785-799-3657**

Study Area Code of Reporting Carrier

411746

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **COUNCIL GROVE TEL CO**

Signature of Authorized Officer or employee: **Dale Jones**

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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Dale Jones**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **620-767-5153**

Study Area Code of Reporting Carrier

411758

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CUNNINGHAM TELEPHONE CO. INC.**

Signature of Authorized Officer or employee: **Brent Cunningham**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Brent Cunningham**

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

Telephone number of Authorized Officer or employee: **785-545-3215**

Study Area Code of Reporting Carrier	411761		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **ELKHART TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Becky Scott**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Becky Scott**

Title or position of Authorized Officer or employee: **President & CFO**

Telephone number of Authorized Officer or employee: **620-697-2111**

Study Area Code of Reporting Carrier

411764

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **GOLDEN BELT TELEPHONE ASSN. INC.**

Signature of Authorized Officer or employee: **Beau Rebel**

Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbtlive.com,O=golden belt telephone assn. inc., Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Beau Rebel**

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

Telephone number of Authorized Officer or employee: **785-372-4236**

Study Area Code of Reporting Carrier

411777

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **GORHAM TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Tonya Murphy**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Tonya Murphy**

Title or position of Authorized Officer or employee: **Secretary**

Telephone number of Authorized Officer or employee: **785-637-5300**

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

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: **HAVILAND TEL CO**

Signature of Authorized Officer or employee: **Mark Wade**

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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Mark Wade**

Title or position of Authorized Officer or employee: **VP of Operations**

Telephone number of Authorized Officer or employee: **620-862-5211**

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

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: **H & B COMMUNICATIONS INC.**

Signature of Authorized Officer or employee: **Brandon Koch**
Digitally signed by Brandon Koch DN:cn=Brandon Koch,email=brkoch@hbcomm.net,O=h & b communications inc.,l= , Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Brandon Koch**

Title or position of Authorized Officer or employee: **President and General Manager**

Telephone number of Authorized Officer or employee: **785-252-4000**

Study Area Code of Reporting Carrier

411781

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **J. B. N. TEL CO INC**

Signature of Authorized Officer or employee: **Mark Wade**
Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@haviglandtelco.com,O=j. b. n. telephone company inc.,l=Haviland KS 67059, Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Mark Wade**

Title or position of Authorized Officer or employee: **VP of Operations**

Telephone number of Authorized Officer or employee: **620-862-5211**

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

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: **J. B. N. TEL CO INC**

Signature of Authorized Officer or employee: **Mark Wade**

Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@haviglandtelco.com,O=j. b. n. telephone company inc.,l=Haviland KS 67059, Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Mark Wade**

Title or position of Authorized Officer or employee: **VP of Operations**

Telephone number of Authorized Officer or employee: **620-862-5211**

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

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: **KANOKLA TEL ASSN-KS**

Signature of Authorized Officer or employee: **David Nance**

Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks,l= , Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **David Nance**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **620-845-5682**

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

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: **MADISON TELEPHONE, LLC**

Signature of Authorized Officer or employee: **Shana Rains**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Shana Rains**

Title or position of Authorized Officer or employee: **Regulatory Officer**

Telephone number of Authorized Officer or employee: **620-437-2356**

Study Area Code of Reporting Carrier

411801

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MOKAN DIAL INC-KS**

Signature of Authorized Officer or employee: **Tammy Souza**
Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Tammy Souza**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **904-259-0036**

Study Area Code of Reporting Carrier	411807		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **MOKAN DIAL INC-KS**

Signature of Authorized Officer or employee: **Tammy Souza**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Tammy Souza**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **904-259-0036**

Study Area Code of Reporting Carrier	411807		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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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: **MUTUAL TELEPHONE COMPANY**

Signature of Authorized Officer or employee:	John Tietjens 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	Date: 5/18/2023
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Printed name of Authorized Officer or employee: **John Tietjens**

Title or position of Authorized Officer or employee: **President & General Manager**

Telephone number of Authorized Officer or employee: **620-897-6200**

Study Area Code of Reporting Carrier	411809		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **PEOPLES TELECOMMUNICATIONS, LLC**

Signature of Authorized Officer or employee: Jennifer Leach	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	Date: 5/30/2023
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Printed name of Authorized Officer or employee: **Jennifer Leach**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **913-757-2500**

Study Area Code of Reporting Carrier	411814		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CRAW-KAN TEL COOP**

Signature of Authorized Officer or employee: **Craig Wilbert**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Craig Wilbert**

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

Telephone number of Authorized Officer or employee: **620-724-8235**

Study Area Code of Reporting Carrier	411818		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **RAINBOW TELECOMMUNICATIONS ASSOC., INC.**

Signature of Authorized Officer or employee: **Kathy Ruoff**

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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Kathy Ruoff**

Title or position of Authorized Officer or employee: **Controller/CFO**

Telephone number of Authorized Officer or employee: **785-548-7511**

Study Area Code of Reporting Carrier

411820

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **S & A TEL CO INC**

Signature of Authorized Officer or employee: **Deborah Rand**
Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c.,l= , Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Deborah Rand**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-472-9786**

Study Area Code of Reporting Carrier	411829		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **S. CENTRAL TEL - KS**

Signature of Authorized Officer or employee:	Carla Shearer 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	Date: 5/24/2023
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Printed name of Authorized Officer or employee: **Carla Shearer**

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

Telephone number of Authorized Officer or employee: **620-930-1082**

Study Area Code of Reporting Carrier	411831		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TRI-COUNTY TEL ASSN**

Signature of Authorized Officer or employee: **Dale Jones**

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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Dale Jones**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **620-767-5153**

Study Area Code of Reporting Carrier

411839

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **UNITED TELEPHONE ASSOCIATION, INC.**

Signature of Authorized Officer or employee: **Jennifer Pachner**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Jennifer Pachner**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **620-227-8641**

Study Area Code of Reporting Carrier

411841

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **WHEAT STATE TELEPHONE, INC.**

Signature of Authorized Officer or employee: **Randy Hoffman**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Randy Hoffman**

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

Telephone number of Authorized Officer or employee: **620-782-3341**

Study Area Code of Reporting Carrier

411847

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WILSON TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Craig Freeman**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Craig Freeman**

Title or position of Authorized Officer or employee: **Vice President / General Manager**

Telephone number of Authorized Officer or employee: **785-658-2111**

Study Area Code of Reporting Carrier

411849

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ZENDA TEL COMPANY**

Signature of Authorized Officer or employee: **John Ludenia**
Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=zenda telephone company inc., Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **John Ludenia**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **304-983-8642**

Study Area Code of Reporting Carrier

411852

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BPS Telephone Company**

Signature of Authorized Officer or employee: **Lisa Winberry**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Lisa Winberry**

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

Telephone number of Authorized Officer or employee: **573-293-2277**

Study Area Code of Reporting Carrier	420463		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **IAMO COMM - MO**

Signature of Authorized Officer or employee: **Tim Toepfer**

Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=ttoepfer@iamo.tel,O=iamo communications,inc.-ia, Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Tim Toepfer**

Title or position of Authorized Officer or employee: **CEO & General Manage**

Telephone number of Authorized Officer or employee: **712-583-3232**

Study Area Code of Reporting Carrier

421206

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MOKAN DIAL INC-MO**

Signature of Authorized Officer or employee: **Tammy Souza**
Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Tammy Souza**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **904-259-0036**

Study Area Code of Reporting Carrier

421807

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ALMA COMMUNICATIONS COMPANY DBA ALMA TEL. CO.**

Signature of Authorized Officer or employee: **Adolf Heins**

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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Adolf Heins**

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

Telephone number of Authorized Officer or employee: **660-674-2297**

Study Area Code of Reporting Carrier

421860

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CHARITON VALLEY TELEPHONE CORPORATION**

Signature of Authorized Officer or employee: **Ryan Johnson**
Digitally signed by Ryan Johnson DN:cn=Ryan Johnson,email=rjohnson@charitonvalley.com,O=chariton valley telephone corporation, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Ryan Johnson**

Title or position of Authorized Officer or employee: **Interim President & CEO**

Telephone number of Authorized Officer or employee: **660-395-9657**

Study Area Code of Reporting Carrier

421864

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CHARITON VALLEY TELEPHONE CORPORATION**

Signature of Authorized Officer or employee: **Ryan Johnson**
Digitally signed by Ryan Johnson DN:cn=Ryan Johnson,email=rjohnson@charitonvalley.com,O=chariton valley telephone corporation, Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Ryan Johnson**

Title or position of Authorized Officer or employee: **Interim President & CEO**

Telephone number of Authorized Officer or employee: **660-395-9657**

Study Area Code of Reporting Carrier

421864

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ELLINGTON TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Dee McCormack**
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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Dee McCormack**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **573-663-2000**

Study Area Code of Reporting Carrier

421874

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **FARBER TEL CO**

Signature of Authorized Officer or employee: **Wendy Ottman**
Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=farber telephone company,I=Oregon MO 64473, Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier

421876

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

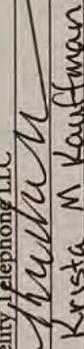
6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	Fidelity Telephong LLC		
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	602	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

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: **GRANBY TEL CO - MISSOURI**

Signature of Authorized Officer or employee: **Cheri Johnson**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Cheri Johnson**

Title or position of Authorized Officer or employee: **Corporate Secretary**

Telephone number of Authorized Officer or employee: **417-472-5513**

Study Area Code of Reporting Carrier

421887

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **GREEN HILLS TEL CORP**

Signature of Authorized Officer or employee: **David Adams**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **David Adams**

Title or position of Authorized Officer or employee: **EVP/GM**

Telephone number of Authorized Officer or employee: **660-644-5411**

Study Area Code of Reporting Carrier	421890		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **CHOCTAW TELEPHONE CO**

Signature of Authorized Officer or employee: **Tammy Souza**
Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Tammy Souza**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **904-259-0036**

Study Area Code of Reporting Carrier

421893

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **KINGDOM TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Marla McCowan**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Marla McCowan**

Title or position of Authorized Officer or employee: **Assistant Board Secretary**

Telephone number of Authorized Officer or employee: **573-386-2241**

Study Area Code of Reporting Carrier

421901

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: (417-628-3844) - , ext.					
Study Area Code of Reporting Carrier		421908	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

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: **MCDONALD COUNTY TELEPHONE CO.**

Signature of Authorized Officer or employee: **Ross Babbitt**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Ross Babbitt**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **417-223-4313**

Study Area Code of Reporting Carrier

421912

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MILLER TEL CO - MO**

Signature of Authorized Officer or employee: **John Ludenia**
Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=miller telephone company - mo,l= , Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **John Ludenia**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **304-983-8642**

Study Area Code of Reporting Carrier

421920

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 FLORENCE TEL CO**

Signature of Authorized Officer or employee: **Wendy Ottman**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier	421927		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **NEW LONDON TEL CO**

Signature of Authorized Officer or employee: **Wendy Ottman**
Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=farber telephone company,I=Oregon MO 64473, Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier

421928

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 MISSOURI RURAL TEL. CO.**

Signature of Authorized Officer or employee: **Michele Gillespie**
Digitally signed by Michele Gillespie DN:cn=Michele Gillespie,email=mvan@nemr.net,O=northeast missouri rural tel. co.,l= , Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Michele Gillespie**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **660-874-4111**

Study Area Code of Reporting Carrier

421931

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.

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 **Lathrop Telephone Company**

Signature of Authorized Officer *Gregg Davis* Date May 23, 2023

Printed name of Authorized Officer Gregg Davis

Title or position of Authorized Officer President

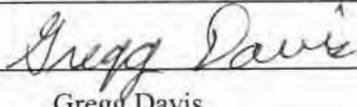
Telephone number of Authorized Officer. (660) 748-3231 ext. _ _ _ _

Study Area Code of Reporting Carrier	421932	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer for Rate-of-Return Carrier 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		Lathrop Telephone Company	
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	421932		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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 FARM TEL CO**

Signature of Authorized Officer or employee: **Wendy Ottman**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier	421934		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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				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	
<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: **OREGON FARMERS MUT**

Signature of Authorized Officer or employee: **Charles Custer**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Charles Custer**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **870-921-5758**

Study Area Code of Reporting Carrier

421935

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PEACE VALLEY TEL CO**

Signature of Authorized Officer or employee: **Kelly Bosserman**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Kelly Bosserman**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **417-277-5550**

Study Area Code of Reporting Carrier

421936

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ROCK PORT TEL. CO.**

Signature of Authorized Officer or employee: **Rick Bradley**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Rick Bradley**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **660-744-5311**

Study Area Code of Reporting Carrier

421942

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **STOUTLAND TEL CO**

Signature of Authorized Officer or employee: **Wendy Ottman**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier

421951

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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		<i>Wendy Ottman</i>		Date	7/25/23
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

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: **LAVACA TEL CO-OK**

Signature of Authorized Officer or employee: Trent LeForce	Digitally signed by Trent LeForce DN:cn=Trent LeForce,email=tforce@dobson.net,O=lavaca telephone-ar,l= , Date:5/22/2023	Date: 5/22/2023
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Printed name of Authorized Officer or employee: **Trent LeForce**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **405-242-0336**

Study Area Code of Reporting Carrier	431704		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **KANOKLA TEL ASSN-OK**

Signature of Authorized Officer or employee: **David Nance**

Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks,l= , Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **David Nance**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier

431788

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **S. CENTRAL TEL - OK**

Signature of Authorized Officer or employee: **Carla Shearer**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Carla Shearer**

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

Telephone number of Authorized Officer or employee: **620-930-1082**

Study Area Code of Reporting Carrier	431831		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **ATLAS TELEPHONE CO.**

Signature of Authorized Officer or employee: **Barbara Summa**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Barbara Summa**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **918-783-5111**

Study Area Code of Reporting Carrier

431966

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BEGGS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Kay Mount**
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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Kay Mount**

Title or position of Authorized Officer or employee: **Pres. & General Manager**

Telephone number of Authorized Officer or employee: **918-267-3636**

Study Area Code of Reporting Carrier

431968

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

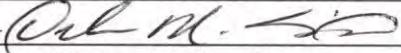
6/16/2023

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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		
<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: **CARNEGIE TELEPHONE CO.INC.**

Signature of Authorized Officer or employee: **James Powers**
Digitally signed by James Powers DN:cn=James Powers,email=jpowers@carnegiatelephone.com,O=carnegie telephone co.inc.,l=Carnegie OK 73015, Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **James Powers**

Title or position of Authorized Officer or employee: **Vice President/General Manager**

Telephone number of Authorized Officer or employee: **580-654-1002**

Study Area Code of Reporting Carrier	431976		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **CENTRAL OKLAHOMA TELEPHONE CO., L.L.C.**

Signature of Authorized Officer or employee: **Steve Guest**

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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Steve Guest**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **918-377-2241**

Study Area Code of Reporting Carrier

431977

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CHEROKEE TELEPHONE CO.**

Signature of Authorized Officer or employee: **Samuel Sanchez**
Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee telephone co.,l= , Date:5/31/2023

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Samuel Sanchez**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **580-434-5375**

Study Area Code of Reporting Carrier

431979

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CHICKASAW TELEPHONE CO.**

Signature of Authorized Officer or employee: Larry Jones	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	Date: 5/22/2023
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Printed name of Authorized Officer or employee: **Larry Jones**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **580-622-5223**

Study Area Code of Reporting Carrier	431980		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CIMARRON TEL CO**

Signature of Authorized Officer or employee: **H. Baldwin**

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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **H. Baldwin**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **918-865-3311**

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

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: **GRAND TELEPHONE CO. INC.**

Signature of Authorized Officer or employee: **Jason Anderson**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Jason Anderson**

Title or position of Authorized Officer or employee: **Controller/Co-Manager/1st Vice President**

Telephone number of Authorized Officer or employee: **918-253-4231**

Study Area Code of Reporting Carrier

431994

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **HINTON TELEPHONE CO.**

Signature of Authorized Officer or employee: **Kenneth Doughty**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Kenneth Doughty**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **405-542-3262**

Study Area Code of Reporting Carrier

431995

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

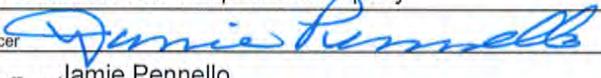
6/16/2023

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

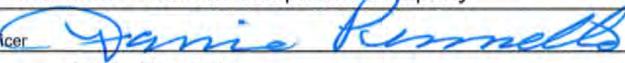
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

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: **POTTAWATOMIE TEL CO**

Signature of Authorized Officer or employee: **H. Baldwin**

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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **H. Baldwin**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **918-865-3311**

Study Area Code of Reporting Carrier

432020

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SALINA-SPAVINAW TEL. CO.,INC.**

Signature of Authorized Officer or employee: **Scott Boone**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Scott Boone**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **918-434-5392**

Study Area Code of Reporting Carrier

432022

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SALINA-SPAVINAW TEL. CO.,INC.**

Signature of Authorized Officer or employee: **Scott Boone**
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

Date: **7/20/2023**

Printed name of Authorized Officer or employee: **Scott Boone**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **918-434-5392**

Study Area Code of Reporting Carrier

432022

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: **KANOKLA SHIDLER**

Signature of Authorized Officer or employee: **David Nance**
Digitally signed by David Nance DN:cn=David Nance,email=dnance@kanokla.com,O=kanokla telephone association - ks,l= , Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **David Nance**

Title or position of Authorized Officer or employee: **Chief Operating Officer**

Telephone number of Authorized Officer or employee: **620-845-5682**

Study Area Code of Reporting Carrier

432023

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TERRAL TEL. CO.**

Signature of Authorized Officer or employee: **Chad Segress**
Digitally signed by Chad Segress DN:cn=Chad Segress,email=chad@wavelinx.com,O=terral tel. co.,l= , Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Chad Segress**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **405-609-7164**

Study Area Code of Reporting Carrier

432029

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **VALLIANT TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Tommy Dorries**
Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant telephone company,|=Valliant OK 74764, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Tommy Dorries**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **580-933-4400**

Study Area Code of Reporting Carrier

432032

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **VALLIANT TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Tommy Dorries**
Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant telephone company,/=Valliant OK 74764, Date:7/25/2023

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Tommy Dorries**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **580-933-4400**

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

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: **WYANDOTTE TEL CO**

Signature of Authorized Officer or employee: **Wendy Ottman**
Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=wendyo@rallynet.us,O=cleveland city tel. co.,l=Oregon MO 64473, Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Wendy Ottman**

Title or position of Authorized Officer or employee: **Vice President of Finance**

Telephone number of Authorized Officer or employee: **573-835-4051**

Study Area Code of Reporting Carrier

432034

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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	
<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: **BLOSSOM TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Clint Dorries**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Clint Dorries**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **903-982-5200**

Study Area Code of Reporting Carrier

442038

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BIG BEND TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Rusty Moore**
Digitally signed by Rusty Moore DN:cn=Rusty Moore,email=rusty.moore@bbtco.com,O=big bend telephone company inc., Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Rusty Moore**

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

Telephone number of Authorized Officer or employee: **432-364-0089**

Study Area Code of Reporting Carrier

442039

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BRAZORIA TEL. CO.**

Signature of Authorized Officer or employee: **Mark Garner**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Mark Garner**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **979-798-2121**

Study Area Code of Reporting Carrier	442040		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **CAP ROCK TELEPHONE COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **Jim Whitefield**
Digitally signed by Jim Whitefield DN:cn=Jim Whitefield,email=advisory@caprock-spur.com,O=cap rock telephone cooperative, inc.,l=Spur TX 79370-0300, Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Jim Whitefield**

Title or position of Authorized Officer or employee: **Executive Vice President/General Manager**

Telephone number of Authorized Officer or employee: **806-271-3336**

Study Area Code of Reporting Carrier

442046

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CENTRAL TEXAS TELEPHONE CO-OP. INC.**

Signature of Authorized Officer or employee: **Jamey Wigley**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Jamey Wigley**

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

Telephone number of Authorized Officer or employee: **325-648-2237**

Study Area Code of Reporting Carrier

442052

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **COLEMAN COUNTY TELEPHONE CO-OP. INC.**

Signature of Authorized Officer or employee: **Tim Humpert**

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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Tim Humpert**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **325-348-3124**

Study Area Code of Reporting Carrier

442057

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **COLORADO VALLEY TELEPHONE CO-OP. INC.**

Signature of Authorized Officer or employee: **Kelly Allison**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Kelly Allison**

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

Telephone number of Authorized Officer or employee: **979-247-8315**

Study Area Code of Reporting Carrier

442059

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CUMBY TELEPHONE COOPERATIVE INC.**

Signature of Authorized Officer or employee: **Karen Zimmerman**

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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Karen Zimmerman**

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

Telephone number of Authorized Officer or employee: **903-994-2211**

Study Area Code of Reporting Carrier

442065

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **DELL TEL. CO-OP - TX**

Signature of Authorized Officer or employee: **J Martinez**

Digitally signed by J Martinez DN:cn=J Martinez,email=Ruben@delltelco.com,O=dell telephone co-op. inc. - tx, Date:5/25/2023

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **J Martinez**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **915-964-2352**

Study Area Code of Reporting Carrier

442066

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

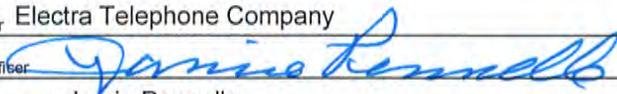
6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					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				
<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				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 ext.					
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

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: **GANADO TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Bill Rakowitz**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Bill Rakowitz**

Title or position of Authorized Officer or employee: **VP - Regulatory & Compliance**

Telephone number of Authorized Officer or employee: **361-771-3331**

Study Area Code of Reporting Carrier

442076

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **HILL COUNTRY TELEPHONE COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **R. Cook**

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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **R. Cook**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **830-367-5333**

Study Area Code of Reporting Carrier

442086

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ALENCO COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Ray Bussell**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Ray Bussell**

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

Telephone number of Authorized Officer or employee: **817-447-0127**

Study Area Code of Reporting Carrier

442090

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ETS TEL. CO., INC.**

Signature of Authorized Officer or employee: **Sam Luxton**
Digitally signed by Sam Luxton DN:cn=Sam Luxton,email=sluxton@entouchsystems.net,O=ets telephone company, inc., Date:5/31/2023

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Sam Luxton**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **281-225-0501**

Study Area Code of Reporting Carrier

442091

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LA WARD TELEPHONE EXCHANGE INC.**

Signature of Authorized Officer or employee: **Terri Parker**

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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Terri Parker**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **361-872-2211**

Study Area Code of Reporting Carrier

442103

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: LAKE LIVINGSTON TEL. CO.

Signature of Authorized Officer or employee:	William Whitten Digitally signed by William Whitten DN:cn=William Whitten,email=hubw@livingston.net,O=lake livingston tel. co.,l= , Date:5/17/2023	Date: 5/17/2023
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Printed name of Authorized Officer or employee: William Whitten

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 936-566-4000

Study Area Code of Reporting Carrier	442104		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LIPAN TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Beth Howard**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Beth Howard**

Title or position of Authorized Officer or employee: **Sec / Treasurer**

Telephone number of Authorized Officer or employee: **254-646-2211**

Study Area Code of Reporting Carrier

442105

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **LIPAN TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Beth Howard**
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

Date: **7/26/2023**

Printed name of Authorized Officer or employee: **Beth Howard**

Title or position of Authorized Officer or employee: **Sec / Treasurer**

Telephone number of Authorized Officer or employee: **254-646-2211**

Study Area Code of Reporting Carrier

442105

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: **MUENSTER TEL. CORP. OF TX DBA NORTEX COMM.**

Signature of Authorized Officer or employee: **Alan Rohmer**

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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Alan Rohmer**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **940-759-2251**

Study Area Code of Reporting Carrier

442116

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

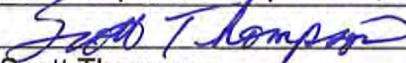
6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				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

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: **POKA-LAMBRO TELEPHONE COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **Patrick Sherrill**
Digitally signed by Patrick Sherrill DN:cn=Patrick Sherrill,email=psherrill@teampoka.com,O=poka-lambro telephone cooperative, inc., Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Patrick Sherrill**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **806-924-7234**

Study Area Code of Reporting Carrier

442131

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 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	442134	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: **SOUTH PLAINS TEL. COOP.,INC.**

Signature of Authorized Officer or employee: **Wade Maner**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Wade Maner**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **806-763-2301**

Study Area Code of Reporting Carrier

442143

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

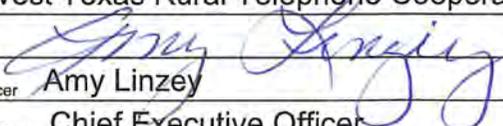
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier				Riviera Telephone Company, Inc.			
Signature of authorized officer			<i>Billy Colston, III</i>		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		442134		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

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

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: **XIT RURAL TELEPHONE CO-OP. INC.**

Signature of Authorized Officer or employee: **Thomas Hyer**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Thomas Hyer**

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

Telephone number of Authorized Officer or employee: **806-384-7502**

Study Area Code of Reporting Carrier	442170		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **ENMR TEL COOP-TX**

Signature of Authorized Officer or employee: **Launa Waller**
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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Launa Waller**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **575-389-4211**

Study Area Code of Reporting Carrier

442262

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ENMR TEL COOP-TX**

Signature of Authorized Officer or employee: **Launa Waller**
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

Date: **7/25/2023**

Printed name of Authorized Officer or employee: **Launa Waller**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **575-389-4211**

Study Area Code of Reporting Carrier

442262

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

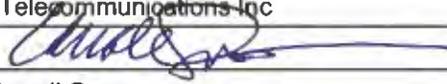
7/31/2023

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	05/17/2023
Printed name of authorized officer		Carroll Onsaie			
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

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: **SAN CARLOS APACHE TELECOMM. UTILITY, INC.**

Signature of Authorized Officer or employee: **Shirley Ortiz**
Digitally signed by Shirley Ortiz DN:cn=Shirley Ortiz,email=shirley.ortiz@scatui.com,O=san carlos apache telecomm. utility, inc.,l=Peridot AZ 85542, Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Shirley Ortiz**

Title or position of Authorized Officer or employee: **CEO/General Manager**

Telephone number of Authorized Officer or employee: **928-475-7058**

Study Area Code of Reporting Carrier

452169

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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>Harriet 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 ext.			
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	
<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: **GILA RIVER TELECOM.**

Signature of Authorized Officer or employee: **Jennifer Burkhalter**
Digitally signed by Jennifer Burkhalter DN:cn=Jennifer Burkhalter, email=jburkhalter@gilarivertel.com, O=gila river telecom., Date: 5/25/2023

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Jennifer Burkhalter**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **520-796-8828**

Study Area Code of Reporting Carrier

452179

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **FORT MOJAVE TELECOMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Michael Scully**
Digitally signed by Michael Scully DN:cn=Michael Scully,email=mscully@ftmojave.net,O=fort mojave telecommunications, inc., Date:5/31/2023

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Michael Scully**

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

Telephone number of Authorized Officer or employee: **928-346-2523**

Study Area Code of Reporting Carrier

452200

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MIDVALE-AZ**

Signature of Authorized Officer or employee: **Nick Rynearson**
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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Nick Rynearson**

Title or position of Authorized Officer or employee: **Accountant**

Telephone number of Authorized Officer or employee: **208-355-2211**

Study Area Code of Reporting Carrier

452226

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **TABLE TOP TEL CO**

Signature of Authorized Officer or employee: **Greg Andreas**
Digitally signed by Greg Andreas DN:cn=Greg Andreas,email=grega@ponderosatel.com,O=table top telephone company, inc., Date:5/31/2023

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Greg Andreas**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **559-868-6392**

Study Area Code of Reporting Carrier	453334		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **AGATE MUTUAL TELEPHONE COOPERATIVE ASSOC.**

Signature of Authorized Officer or employee: **Judy Hollembeak**

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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Judy Hollembeak**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **719-764-2578**

Study Area Code of Reporting Carrier

462178

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BIJOU TEL COOPERATIVE ASSOC. INC**

Signature of Authorized Officer or employee: **Brian Creveling**
Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel cooperative assoc. inc,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Brian Creveling**

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

Telephone number of Authorized Officer or employee: **303-822-5400**

Study Area Code of Reporting Carrier

462181

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **BLANCA TELEPHONE COMPANY DBA BLANCA NETWORKS**

Signature of Authorized Officer or employee: **Alan Wehe**

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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Alan Wehe**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **719-379-3839**

Study Area Code of Reporting Carrier

462182

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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				Easster 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	
<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: **FARMERS TEL CO, INC. - COLORADO**

Signature of Authorized Officer or employee: **Bill Blackford**
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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Bill Blackford**

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

Telephone number of Authorized Officer or employee: **970-562-4211**

Study Area Code of Reporting Carrier	462188		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **HAXTUN TEL CO**

Signature of Authorized Officer or employee: **Tammy Souza**
Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Tammy Souza**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **904-259-0036**

Study Area Code of Reporting Carrier	462190		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **NUNN TEL. COMPANY**

Signature of Authorized Officer or employee: **Adam Rislov**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Adam Rislov**

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

Telephone number of Authorized Officer or employee: **970-897-2200**

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

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: **SOUTH PARK TEL. CO.**

Signature of Authorized Officer or employee: **Deborah Rand**
Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c.,l= , Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Deborah Rand**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-472-9786**

Study Area Code of Reporting Carrier	462195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **PEETZ COOP. TEL. CO.**

Signature of Authorized Officer or employee: **Kathy Glassburn**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Kathy Glassburn**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **970-334-2220**

Study Area Code of Reporting Carrier	462196		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **PINE DRIVE TEL. CO.**

Signature of Authorized Officer or employee: **Matthew Sellers**
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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Matthew Sellers**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **719-485-3400**

Study Area Code of Reporting Carrier	462198		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PLAINS COOPERATIVE TEL. ASSOC. INC.**

Signature of Authorized Officer or employee: **Ronny Puckett**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Ronny Puckett**

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

Telephone number of Authorized Officer or employee: **970-358-4211**

Study Area Code of Reporting Carrier

462199

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **RICO TEL CO**

Signature of Authorized Officer or employee: Jeremy Smith	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	Date: 5/18/2023
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Printed name of Authorized Officer or employee: **Jeremy Smith**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier	462201		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ROGGEN TELEPHONE COOPERATIVE CO.**

Signature of Authorized Officer or employee:	John Young	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	Date: 5/19/2023

Printed name of Authorized Officer or employee: **John Young**

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

Telephone number of Authorized Officer or employee: **303-849-5260**

Study Area Code of Reporting Carrier	462202		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **RYE TELEPHONE CO**

Signature of Authorized Officer or employee: **Deborah Rand**
Digitally signed by Deborah Rand DN:cn=Deborah Rand,email=drand@usch.com,O=waverly hall telephone, I.I.c.,l= , Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Deborah Rand**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **603-472-9786**

Study Area Code of Reporting Carrier

462203

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **RYE TELEPHONE CO**

Signature of Authorized Officer or employee: David Shipley	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	Date: 7/26/2023
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Printed name of Authorized Officer or employee: **David Shipley**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **719-676-3131**

Study Area Code of Reporting Carrier	462203		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **STONEHAM COOPERATIVE TEL. CO.**

Signature of Authorized Officer or employee: **Aimee Dollerschell**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Aimee Dollerschell**

Title or position of Authorized Officer or employee: **CEO/Manager**

Telephone number of Authorized Officer or employee: **970-735-2251**

Study Area Code of Reporting Carrier

462206

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **STONEHAM COOPERATIVE TEL. CO.**

Signature of Authorized Officer or employee: **Aimee Dollerschell**
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

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Aimee Dollerschell**

Title or position of Authorized Officer or employee: **CEO/Manager**

Telephone number of Authorized Officer or employee: **970-735-2251**

Study Area Code of Reporting Carrier

462206

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

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WIGGINS TEL. ASSOC.**

Signature of Authorized Officer or employee: **Terry Hendrickson**
Digitally signed by Terry Hendrickson DN:cn=Terry Hendrickson,email=terry@wiginstel.com,O=wiggins tel. assoc.,l=Wiggins CO 80654-0690, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Terry Hendrickson**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **970-483-7343**

Study Area Code of Reporting Carrier

462209

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

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WILLARD TEL. CO.**

Signature of Authorized Officer or employee: **Aimee Dollerschell**
Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtell.com,O=willard tel. co.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Aimee Dollerschell**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **970-228-4571**

Study Area Code of Reporting Carrier

462210

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **WILLARD TEL. CO.**

Signature of Authorized Officer or employee: **Aimee Dollerschell**
Digitally signed by Aimee Dollerschell DN:cn=Aimee Dollerschell,email=adollerschell@willardtel.com,O=willard tel. co.,l= , Date:7/21/2023

Date: **7/21/2023**

Printed name of Authorized Officer or employee: **Aimee Dollerschell**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **970-228-4571**

Study Area Code of Reporting Carrier

462210

Filing Due Date for this form
 (mm/dd/yyyy)

7/31/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ALBION TEL. CO. D/B/A ATC COMMUNICATIONS**

Signature of Authorized Officer or employee: **Rich Redman**

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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Rich Redman**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **208-673-5335**

Study Area Code of Reporting Carrier

472213

Filing Due Date for this form (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CUSTER TEL. COOPERATIVE INC.**

Signature of Authorized Officer or employee: **James Bennetts**
Digitally signed by James Bennetts DN:cn=James Bennetts,email=jd.bennetts@custer tel. cooperative inc.,l=Challis ID 83226, Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **James Bennetts**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **208-879-2281**

Study Area Code of Reporting Carrier

472218

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FILER MUT-ID/TRULEAP**

Signature of Authorized Officer or employee: **Bob Kraut**

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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Bob Kraut**

Title or position of Authorized Officer or employee: **General Manager/COO**

Telephone number of Authorized Officer or employee: **208-326-4330**

Study Area Code of Reporting Carrier

472220

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FARMERS MUTUAL TEL CO LTD. - ID**

Signature of Authorized Officer or employee: **Ronald Rembelski**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Ronald Rembelski**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-452-2000**

Study Area Code of Reporting Carrier

472221

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MIDVALE TEL EXCH INC**

Signature of Authorized Officer or employee: **Nick Rynearson**
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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Nick Rynearson**

Title or position of Authorized Officer or employee: **Accountant**

Telephone number of Authorized Officer or employee: **208-355-2211**

Study Area Code of Reporting Carrier	472226		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **MUD LAKE TELEPHONE COOPERATIVE ASSN. INC.**

Signature of Authorized Officer or employee: **Valeri Steigerwald**
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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Valeri Steigerwald**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-374-6517**

Study Area Code of Reporting Carrier

472227

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PROJECT MUTUAL TEL. COOP. ASSN.**

Signature of Authorized Officer or employee: **Rick Harder**

Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel. coop. assn., Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Rick Harder**

Title or position of Authorized Officer or employee: **CFO/Treasurer**

Telephone number of Authorized Officer or employee: **208-434-7124**

Study Area Code of Reporting Carrier

472231

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **PROJECT MUTUAL TEL. COOP. ASSN.**

Signature of Authorized Officer or employee: **Rick Harder**
Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel. coop. assn., Date:7/26/2023

Date: **7/26/2023**

Printed name of Authorized Officer or employee: **Rick Harder**

Title or position of Authorized Officer or employee: **CFO/Treasurer**

Telephone number of Authorized Officer or employee: **208-434-7124**

Study Area Code of Reporting Carrier

472231

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: **DIRECT COMM-ROCKLAND**

Signature of Authorized Officer or employee: **Timothy May**
Digitally signed by Timothy May DN:cn=Timothy May,email=tim@directcom.com,O=unitel, inc.,l=Rockland ID 83271, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Timothy May**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

472232

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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 <input checked="" type="checkbox"/> 	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

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: **INLAND TEL-ID**

Signature of Authorized Officer or employee: **James Brooks**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **James Brooks**

Title or position of Authorized Officer or employee: **Treasurer/Controller/Reg. Manager**

Telephone number of Authorized Officer or employee: **509-649-2211**

Study Area Code of Reporting Carrier	472423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **INLAND TEL-ID**

Signature of Authorized Officer or employee:	James Brooks 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	Date: 7/24/2023
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Printed name of Authorized Officer or employee: **James Brooks**

Title or position of Authorized Officer or employee: **Treasurer/Controller/Reg. Manager**

Telephone number of Authorized Officer or employee: **509-649-2211**

Study Area Code of Reporting Carrier	472423		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LINCOLN TEL. CO. INC.**

Signature of Authorized Officer or employee: **Bryce Daniel**
Digitally signed by Bryce Daniel DN:cn=Bryce Daniel,email=bryced@lincotel.net,O=lincoln tel. co. inc.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Bryce Daniel**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **406-362-4216**

Study Area Code of Reporting Carrier	482244		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **NORTHERN TEL. COOP INC.- MT**

Signature of Authorized Officer or employee: **Aimee Dietrich**
Digitally signed by Aimee Dietrich DN:cn=Aimee Dietrich,email=adietrich@northermtel.net,O=northern tel. coop inc.- mt,l=Sunburst MT 59482. Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Aimee Dietrich**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **406-937-2114**

Study Area Code of Reporting Carrier

482248

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **RANGE TEL COOP-MT**

Signature of Authorized Officer or employee: **Gail Rainey**

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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Gail Rainey**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **406-347-2859**

Study Area Code of Reporting Carrier

482251

Filing Due Date for this form (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SOUTHERN MONTANA TEL. CO.**

Signature of Authorized Officer or employee: **Doran Fluckiger**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Doran Fluckiger**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **406-689-3333**

Study Area Code of Reporting Carrier

482254

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SOUTHERN MONTANA TEL. CO.**

Signature of Authorized Officer or employee: **Doran Fluckiger**
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

Date: **7/20/2023**

Printed name of Authorized Officer or employee: **Doran Fluckiger**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **406-689-3333**

Study Area Code of Reporting Carrier	482254		Filing Due Date for this form (mm/dd/yyyy)	7/31/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TRIANGLE TEL COOP**

Signature of Authorized Officer or employee: **Craig Gates**

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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Craig Gates**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **406-394-7807**

Study Area Code of Reporting Carrier

482257

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SIYCOM**

Signature of Authorized Officer or employee: **Brian DeMarco**
Digitally signed by Brian DeMarco DN:cn=Brian DeMarco,email=brian@siycom.com,O=siyeh communications, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Brian DeMarco**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **907-244-2160**

Study Area Code of Reporting Carrier

482485

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TRIANGLE-CMC**

Signature of Authorized Officer or employee: **Craig Gates**

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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Craig Gates**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **406-394-7807**

Study Area Code of Reporting Carrier

483310

Filing Due Date for this form
(mm/dd/yyyy)

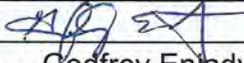
6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				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	
<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: **DELL TEL CO-OP - NM**

Signature of Authorized Officer or employee: **J Martinez**
Digitally signed by J Martinez DN:cn=J Martinez,email=Ruben@delltelco.com,O=dell telephone co-op. inc. - tx, Date:5/25/2023

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **J Martinez**

Title or position of Authorized Officer or employee: **Accounting Manager**

Telephone number of Authorized Officer or employee: **915-964-2352**

Study Area Code of Reporting Carrier

492066

Filing Due Date for this form
 (mm/dd/yyyy)

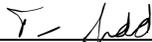
6/16/2023

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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	
<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: **BACA VALLEY TEL. CO.**

Signature of Authorized Officer or employee: **Paul Briesh**

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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Paul Briesh**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **575-278-2101**

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

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: **ENMR TEL COOP INC-NM**

Signature of Authorized Officer or employee: **Launa Waller**
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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Launa Waller**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **575-389-4211**

Study Area Code of Reporting Carrier

492262

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **LA JICARITA RURAL TEL. COOP. INC.**

Signature of Authorized Officer or employee: **Danny Gray**

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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Danny Gray**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **575-387-2216**

Study Area Code of Reporting Carrier

492263

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **LEACO RURAL TEL. COOPERATIVE INC.**

Signature of Authorized Officer or employee: **David Jimenez**
Digitally signed by David Jimenez DN:cn=David Jimenez,email=djimenez@leaco.org,O=leaco rural tel. cooperative inc., Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **David Jimenez**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **575-370-5010**

Study Area Code of Reporting Carrier	492264		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **Tularosa Basin Telephone Company, Inc.**

Signature of Authorized Officer or employee: **Joshua Beug**
Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbc.net,O=tularosa basin telephone company, inc., Date:5/31/2023

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Joshua Beug**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **575-585-0125**

Study Area Code of Reporting Carrier	492265		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WESTERN NEW MEXICO**

Signature of Authorized Officer or employee: **Daniel Meszler**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Daniel Meszler**

Title or position of Authorized Officer or employee: **General Manager & President**

Telephone number of Authorized Officer or employee: **575-388-2546**

Study Area Code of Reporting Carrier	492268		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **PENASCO VALLEY TEL. COOPERATIVE INC.**

Signature of Authorized Officer or employee: **Kurt Garrard**
Digitally signed by Kurt Garrard DN:cn=Kurt Garrard,email=kgarrard@pvt.com,O=penasco valley tel. cooperative inc., Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Kurt Garrard**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **575-748-1241**

Study Area Code of Reporting Carrier

492270

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **ROOSEVELT COUNTY RURAL TEL. COOP., INC.**

Signature of Authorized Officer or employee: **Cecile Archibeque**

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

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Cecile Archibeque**

Title or position of Authorized Officer or employee: **General Manager/EVP**

Telephone number of Authorized Officer or employee: **575-226-2255**

Study Area Code of Reporting Carrier

492272

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **SACRED WIND COMMUNICATIONS, INC.**

Signature of Authorized Officer or employee: **Terry Clark**

Digitally signed by Terry Clark DN:cn=Terry Clark,email=tclark@sacredwindnm.com,O=sacred wind communications, inc.,l= , Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Terry Clark**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **505-908-2661**

Study Area Code of Reporting Carrier

493403

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **DIRECTCOMM-CEDAR VAL**

Signature of Authorized Officer or employee: **Kip Wilson**

Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=direct communications cedar valley, llc,lc=Rockland ID 83271, Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Kip Wilson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

500758

Filing Due Date for this form (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CENTRAL UTAH TEL INC**

Signature of Authorized Officer or employee: **Mike Plows**

Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=central utah tel. inc.,l= , Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Mike Plows**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **702-396-0151**

Study Area Code of Reporting Carrier

502277

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **GUNNISON TEL. CO.**

Signature of Authorized Officer or employee: **Natalie Gleave**
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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Natalie Gleave**

Title or position of Authorized Officer or employee: **Controller/Director**

Telephone number of Authorized Officer or employee: **435-528-7236**

Study Area Code of Reporting Carrier

502279

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MANTI TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Dallas Cox**

Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti telephone company,l= , Date:5/25/2023

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Dallas Cox**

Title or position of Authorized Officer or employee: **Vice President and General Manager**

Telephone number of Authorized Officer or employee: **435-835-3391**

Study Area Code of Reporting Carrier

502282

Filing Due Date for this form (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SKYLINE TELECOM**

Signature of Authorized Officer or employee: **Mike Plows**

Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=central utah tel. inc.,l= , Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Mike Plows**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **702-396-0151**

Study Area Code of Reporting Carrier

502283

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BEEHIVE TEL CO - UT**

Signature of Authorized Officer or employee: **Larry Mason**
Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone co., inc., ut, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Larry Mason**

Title or position of Authorized Officer or employee: **Senior Vice President Regulatory Affairs**

Telephone number of Authorized Officer or employee: **435-837-6000**

Study Area Code of Reporting Carrier	502284		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **BEAR LAKE COMM**

Signature of Authorized Officer or employee: **Mike Plows**

Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@centracom.com,O=central utah tel. inc.,l= , Date:5/24/2023

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Mike Plows**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **702-396-0151**

Study Area Code of Reporting Carrier

503032

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **RANGE TEL COOP - WY**

Signature of Authorized Officer or employee: **Gail Rainey**
Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. coop inc.-mt,I=Forsyth MT 59327, Date:5/17/2023

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Gail Rainey**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **406-347-2859**

Study Area Code of Reporting Carrier

512251

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **DUBOIS TEL EXCHANGE**

Signature of Authorized Officer or employee: **Gail Rainey**

Digitally signed by Gail Rainey DN:cn=Gail Rainey,email=gail.rainey@rangetel.coop,O=range tel. coop inc.-mt,I=Forsyth MT 59327, Date:5/17/2023

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Gail Rainey**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **406-347-2859**

Study Area Code of Reporting Carrier

512291

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WESTGATE COMMUNICATIONS LLC dba WEAATEL**

Signature of Authorized Officer or employee: **Richard Weaver**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Richard Weaver**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **509-682-5556**

Study Area Code of Reporting Carrier

520580

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SKYLINE TELECOM CO.**

Signature of Authorized Officer or employee: **Delinda Kluser**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

520581

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **HAT ISLAND TEL CO**

Signature of Authorized Officer or employee: **Gary Ricketts**
Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Gary Ricketts**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **360-321-0051**

Study Area Code of Reporting Carrier

522417

Filing Due Date for this form
 (mm/dd/yyyy)

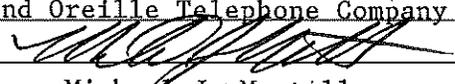
6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Pend Oreille Telephone Company			
Signature of authorized officer					Date		05/30/23
Printed name of authorized officer			Michael J. Martell				
Title or position of authorized officer			Vice-President				
Telephone number of authorized officer:			2083662614, ext.				
Study Area Code of Reporting Carrier		522418	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

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: **HOOD CANAL TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Richard Buechel**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Richard Buechel**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **360-898-2481**

Study Area Code of Reporting Carrier

522419

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **INLAND TEL CO -WA**

Signature of Authorized Officer or employee: James Brooks <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>	Date: 5/22/2023
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Printed name of Authorized Officer or employee: **James Brooks**

Title or position of Authorized Officer or employee: **Treasurer/Controller/Reg. Manager**

Telephone number of Authorized Officer or employee: **509-649-2211**

Study Area Code of Reporting Carrier	522423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **KALAMA TEL CO**

Signature of Authorized Officer or employee: **Rick Vitzthum**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Rick Vitzthum**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **360-264-3155**

Study Area Code of Reporting Carrier

522426

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MASHELL TELECOM INC.**

Signature of Authorized Officer or employee: **Brian Haynes**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Brian Haynes**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **360-892-4130**

Study Area Code of Reporting Carrier	522431		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **PIONEER TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Dallas Filan**
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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Dallas Filan**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **509-549-3511**

Study Area Code of Reporting Carrier	522437		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **ST. JOHN TELEPHONE, INC.**

Signature of Authorized Officer or employee: **Joseph Dennis**
Digitally signed by Joseph Dennis DN:cn=Joseph Dennis,email=joe@stjohncable.com,O=st. john telephone, inc.,l=Saint John WA 99171-0268, Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Joseph Dennis**

Title or position of Authorized Officer or employee: **VP of Operations-Outside Plant**

Telephone number of Authorized Officer or employee: **509-648-3322**

Study Area Code of Reporting Carrier

522442

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **TENINO TELEPHONE CO**

Signature of Authorized Officer or employee: **Rick Vitzthum**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Rick Vitzthum**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **360-264-3155**

Study Area Code of Reporting Carrier	522446		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **TOLEDO TELEPHONE COMPANY INC.**

Signature of Authorized Officer or employee: **Philip Cappalonga**
Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.net,O=toledo telephone company inc.,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Philip Cappalonga**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **360-864-2004**

Study Area Code of Reporting Carrier

522447

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WESTERN WAHKIAKUM COUNTY TEL COMPANY**

Signature of Authorized Officer or employee: **Kenneth Johnson**

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

Date: **5/24/2023**

Printed name of Authorized Officer or employee: **Kenneth Johnson**

Title or position of Authorized Officer or employee: **CEO/GM**

Telephone number of Authorized Officer or employee: **360-465-2211**

Study Area Code of Reporting Carrier

522451

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **WHIDBEY TEL CO.**

Signature of Authorized Officer or employee: **Gary Ricketts**
Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=whidbey tel. co.,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Gary Ricketts**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **360-321-0051**

Study Area Code of Reporting Carrier

522452

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BEAVER CREEK COOPERATIVE TEL. CO.**

Signature of Authorized Officer or employee: **Paul Hauer**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Paul Hauer**

Title or position of Authorized Officer or employee: **CEO/President**

Telephone number of Authorized Officer or employee: **503-845-4433**

Study Area Code of Reporting Carrier

532359

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CLEAR CREEK MUTUAL TELEPHONE CO.**

Signature of Authorized Officer or employee: **Jason Henke**
Digitally signed by Jason Henke DN:cn=Jason Henke,email=jhenke@clearcreek.coop,O=clear creek mutual telephone co.,l= , Date:5/18/2023

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Jason Henke**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **503-631-2101**

Study Area Code of Reporting Carrier

532363

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **COLTON TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Geri Fraijo**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Geri Fraijo**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **503-824-3211**

Study Area Code of Reporting Carrier

532364

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **EAGLE TELEPHONE SYSTEM INC.**

Signature of Authorized Officer or employee: **Mike Lattin**

Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle telephone system inc.,l=Richland OR 97870, Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Mike Lattin**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **541-893-6111**

Study Area Code of Reporting Carrier

532369

Filing Due Date for this form (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CASCADE UTIL INC**

Signature of Authorized Officer or employee: **Brooke Wheeler**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier

532371

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GERVAIS TELEPHONE COMPANY DBA DATAVISION**

Signature of Authorized Officer or employee: **Renee Willer**
Digitally signed by Renee Willer DN:cn=Renee Willer,email=rwiller@datavision.coop,O=gervais telephone company dba datavision,I=Gervais OR 97026, Date:5/25/2023

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Renee Willer**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **503-792-5500**

Study Area Code of Reporting Carrier

532373

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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		<i>Jenifer Vellucci</i>		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		
<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: **HELIX TEL CO.**

Signature of Authorized Officer or employee: **Delinda Kluser**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier	532376		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **HOME TELEPHONE CO**

Signature of Authorized Officer or employee: **Delinda Kluser**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

532377

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **TRANS-CASCADES TEL**

Signature of Authorized Officer or employee: **Brooke Wheeler**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier

532378

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MOLALLA TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Terry Simms**
Digitally signed by Terry Simms DN:cn=Terry Simms,email=TSimms@molalla.com,O=molalla telephone company,l= , Date:5/23/2023

Date: **5/23/2023**

Printed name of Authorized Officer or employee: **Terry Simms**

Title or position of Authorized Officer or employee: **Vice President/CFO**

Telephone number of Authorized Officer or employee: **503-829-1122**

Study Area Code of Reporting Carrier

532383

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MONITOR COOPERATIVE TELEPHONE CO**

Signature of Authorized Officer or employee: **Geri Fraijo**
Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor cooperative telephone co,l= , Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Geri Fraijo**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **503-634-2266**

Study Area Code of Reporting Carrier

532384

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **MONROE TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **David Mills**

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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **David Mills**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **541-847-5135**

Study Area Code of Reporting Carrier

532385

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CANBY-MT ANGEL**

Signature of Authorized Officer or employee: **Paul Hauer**

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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Paul Hauer**

Title or position of Authorized Officer or employee: **CEO/President**

Telephone number of Authorized Officer or employee: **503-632-6314**

Study Area Code of Reporting Carrier

532386

Filing Due Date for this form
(mm/dd/yyyy)

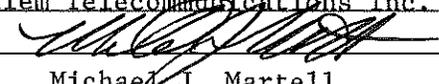
6/16/2023

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier <u>Nehalem Telecommunications Inc.</u>			
Signature of authorized officer <input checked="" type="checkbox"/> 	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>(208)366-2614</u> , ext.		
Study Area Code of Reporting Carrier	<u>532387</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

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Name of Reporting Carrier: **NORTH STATE TEL CO.**

Signature of Authorized Officer or employee: **Delinda Kluser**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

532388

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **OREGON TEL CORP**

Signature of Authorized Officer or employee: **Delinda Kluser**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

532389

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **OREGON-IDAHO UTIL.**

Signature of Authorized Officer or employee: **Justin Perez**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Justin Perez**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **208-461-7802**

Study Area Code of Reporting Carrier

532390

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PEOPLES TEL CO. - OR**

Signature of Authorized Officer or employee: **Erik Hoefler**

Digitally signed by Erik Hoefler DN:cn=Erik Hoefler,email=ehoefler@sctcweb.com,O=peoples telephone co. - or,l=Stayton OR 97383, Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Erik Hoefler**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **503-769-4624**

Study Area Code of Reporting Carrier

532391

Filing Due Date for this form (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PINE TEL SYSTEM INC.**

Signature of Authorized Officer or employee: **Delinda Kluser**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier	532392		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PIONEER TELEPHONE COOP. DBA PIONEER CONNECT**

Signature of Authorized Officer or employee: **Kurtis Kontur**
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

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Kurtis Kontur**

Title or position of Authorized Officer or employee: **Assistant Treasurer**

Telephone number of Authorized Officer or employee: **541-929-8225**

Study Area Code of Reporting Carrier

532393

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **ST. PAUL COOP. TEL. ASSN.**

Signature of Authorized Officer or employee: **Joel Halter**

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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Joel Halter**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **503-633-2111**

Study Area Code of Reporting Carrier

532396

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **STAYTON COOP TEL CO**

Signature of Authorized Officer or employee: **Erik Hoefer**

Digitally signed by Erik Hoefer DN:cn=Erik Hoefer,email=ehofer@sctcweb.com,O=peoples telephone co. - or, Stayton OR 97383, Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Erik Hoefer**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **503-769-4624**

Study Area Code of Reporting Carrier

532399

Filing Due Date for this form (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **OREGON TEL CORP-MTE**

Signature of Authorized Officer or employee: **Delinda Kluser**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

533336

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **CALAVERAS TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Rose Cullen**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Rose Cullen**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **209-785-2211**

Study Area Code of Reporting Carrier

542301

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **CAL-ORE TELEPHONE CO**

Signature of Authorized Officer or employee: **Kristi Olson**

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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Kristi Olson**

Title or position of Authorized Officer or employee: **Accounting Manager/CFO**

Telephone number of Authorized Officer or employee: **530-397-2211**

Study Area Code of Reporting Carrier

542311

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **DUCOR TELEPHONE COMPANY dba VARCOMM**

Signature of Authorized Officer or employee: **Jenifer Vellucci**
Digitally signed by Jenifer Vellucci DN:cn=Jenifer Vellucci,email=jvellucci@varcomm.biz,O=ducor telephone company dba varcomm,I=Ducor CA 93218, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Jenifer Vellucci**

Title or position of Authorized Officer or employee: **President & CFO**

Telephone number of Authorized Officer or employee: **559-534-2210**

Study Area Code of Reporting Carrier

542313

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier: **FORESTHILL-SEBASTIAN**

Signature of Authorized Officer or employee: **Rhonda Armstrong**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Rhonda Armstrong**

Title or position of Authorized Officer or employee: **Vice President - Operations**

Telephone number of Authorized Officer or employee: **559-846-7780**

Study Area Code of Reporting Carrier

542318

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **KERMAN TEL-SEBASTIAN**

Signature of Authorized Officer or employee: **Rhonda Armstrong**
Digitally signed by Rhonda Armstrong DN:cn=Rhonda Armstrong,email=ramstrong@sebastiancorp.com,O=forest hill telephone company dba sebastian, Date:5/22/2023

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Rhonda Armstrong**

Title or position of Authorized Officer or employee: **Vice President - Operations**

Telephone number of Authorized Officer or employee: **559-846-7780**

Study Area Code of Reporting Carrier	542324		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **THE PONDEROSA TEL CO**

Signature of Authorized Officer or employee: **Greg Andreas**
Digitally signed by Greg Andreas DN:cn=Greg Andreas,email=grega@ponderosatel.com,O=table top telephone company, inc., Date:5/31/2023

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Greg Andreas**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **559-868-6392**

Study Area Code of Reporting Carrier	542332		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SIERRA TELEPHONE COMPANY, INC.**

Signature of Authorized Officer or employee: **Cynthia Huber**
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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Cynthia Huber**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **559-642-0209**

Study Area Code of Reporting Carrier

542338

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **THE SISKIYOU TELEPHONE CO.**

Signature of Authorized Officer or employee: **Russell Elliott**
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

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Russell Elliott**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **530-467-6120**

Study Area Code of Reporting Carrier

542339

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **VOLCANO TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Brenda Shepard**
Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=brendas@volcanotel.com,O=volcano telephone company, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Brenda Shepard**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **209-296-1447**

Study Area Code of Reporting Carrier

542343

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PINNACLES TELEPHONE COMPANY**

Signature of Authorized Officer or employee: **Steven Bryan**
Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles telephone company,l= , Date:5/31/2023

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Steven Bryan**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **831-389-4500**

Study Area Code of Reporting Carrier

542346

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **FILER MUT-NV/TRULEAP**

Signature of Authorized Officer or employee: **Bob Kraut**

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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Bob Kraut**

Title or position of Authorized Officer or employee: **General Manager/COO**

Telephone number of Authorized Officer or employee: **208-326-4330**

Study Area Code of Reporting Carrier

552220

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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.			
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

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: **BEEHIVE TEL CO - NV**

Signature of Authorized Officer or employee: **Larry Mason**
Digitally signed by Larry Mason DN:cn=Larry Mason,email=larry.mason@beehive.net,O=beehive telephone co., inc., ut, Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Larry Mason**

Title or position of Authorized Officer or employee: **Senior Vice President Regulatory Affairs**

Telephone number of Authorized Officer or employee: **435-837-6000**

Study Area Code of Reporting Carrier

552284

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **CHURCHILL COUNTY TEL. DBA CC COMMUNICATIONS**

Signature of Authorized Officer or employee: **Mark Feest**

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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Mark Feest**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **775-423-7654**

Study Area Code of Reporting Carrier

552349

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **LINCOLN COUNTY TELEPHONE SYSTEM INC.**

Signature of Authorized Officer or employee: **John Christian, III**
Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln county telephone system inc.,l=Pioche NV 89043, Date:5/19/2023

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **John Christian, III**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **775-962-5131**

Study Area Code of Reporting Carrier

552351

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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: **RIO VIRGIN TEL CO**

Signature of Authorized Officer or employee: **Brooke Wheeler**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier

552356

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

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Name of Reporting Carrier: **HUMBOLDT TEL CO**

Signature of Authorized Officer or employee: **Justin Perez**
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

Date: **5/19/2023**

Printed name of Authorized Officer or employee: **Justin Perez**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **208-461-7802**

Study Area Code of Reporting Carrier

553304

Filing Due Date for this form
 (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ADAK EAGLE ENTERPRISES, LLC dba ADAK TEL UTIL**

Signature of Authorized Officer or employee: **Larry Mayes**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Larry Mayes**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **907-222-0844**

Study Area Code of Reporting Carrier

610989

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ARCTIC SLOPE TEL. ASSOCIATION COOP.INC.**

Signature of Authorized Officer or employee: **Sarah Sandbak**

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

Date: **5/18/2023**

Printed name of Authorized Officer or employee: **Sarah Sandbak**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **907-351-7050**

Study Area Code of Reporting Carrier

613001

Filing Due Date for this form (mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BETTLES TEL CO INC**

Signature of Authorized Officer or employee: **Mary Jo Quandt**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Mary Jo Quandt**

Title or position of Authorized Officer or employee: **V/P Chief Customer Operations**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier	613002		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **BRISTOL BAY TELEPHONE COOP. INC.**

Signature of Authorized Officer or employee: **Tanya Moorcroft**

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

Date: **5/31/2023**

Printed name of Authorized Officer or employee: **Tanya Moorcroft**

Title or position of Authorized Officer or employee: **Controller/Asst General Manager**

Telephone number of Authorized Officer or employee: **907-246-3403**

Study Area Code of Reporting Carrier

613003

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BUSH-TELL INC.**

Signature of Authorized Officer or employee: **Roy Wrazen**
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

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Roy Wrazen**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **907-675-4311**

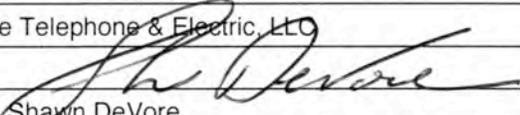
Study Area Code of Reporting Carrier	613004		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 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				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		
<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: **COPPER VALLEY TEL. COOP. INC.**

Signature of Authorized Officer or employee: **Laura Kompkoff**
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

Date: **5/22/2023**

Printed name of Authorized Officer or employee: **Laura Kompkoff**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **907-835-7712**

Study Area Code of Reporting Carrier

613006

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **INTERIOR TEL CO INC**

Signature of Authorized Officer or employee: **Brett Carter**

Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc.,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Brett Carter**

Title or position of Authorized Officer or employee: **President & GM of Alaska Market**

Telephone number of Authorized Officer or employee: **907-563-2003**

Study Area Code of Reporting Carrier

613011

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MUKLUK TEL CO INC**

Signature of Authorized Officer or employee: **Brett Carter**

Digitally signed by Brett Carter DN:cn=Brett Carter,email=BCarter@TelAlaska.com,O=interior telephone company inc.,l= , Date:5/30/2023

Date: **5/30/2023**

Printed name of Authorized Officer or employee: **Brett Carter**

Title or position of Authorized Officer or employee: **President & GM of Alaska Market**

Telephone number of Authorized Officer or employee: **907-563-2003**

Study Area Code of Reporting Carrier

613016

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ALASKA TEL CO**

Signature of Authorized Officer or employee: **Mary Jo Quandt**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Mary Jo Quandt**

Title or position of Authorized Officer or employee: **V/P Chief Customer Operations**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier	613017		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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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: **NUSHAGAK ELECTRIC & TELEPHONE COOP., INC.**

Signature of Authorized Officer or employee: **William Chaney**

Digitally signed by William Chaney DN:cn=William Chaney,email=wchaney@nushagak.coop,O=nushagak electric & telephone coop., inc.,l=Dillingham AK 99576, Date:5/17/2023

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **William Chaney**

Title or position of Authorized Officer or employee: **CEO/GM**

Telephone number of Authorized Officer or employee: **907-842-5251**

Study Area Code of Reporting Carrier

613018

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **OTZ TELEPHONE COOPERATIVE, INC.**

Signature of Authorized Officer or employee: **Kelly Williams**
Digitally signed by Kelly Williams DN:cn=Kelly Williams,email=kwilliams@otz.org,O=otz telephone cooperative, inc., Date:5/26/2023

Date: **5/26/2023**

Printed name of Authorized Officer or employee: **Kelly Williams**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **907-442-1000**

Study Area Code of Reporting Carrier	613019		Filing Due Date for this form (mm/dd/yyyy)	6/16/2023	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NORTH COUNTRY TEL CO**

Signature of Authorized Officer or employee: **Mary Jo Quandt**
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

Date: **5/25/2023**

Printed name of Authorized Officer or employee: **Mary Jo Quandt**

Title or position of Authorized Officer or employee: **V/P Chief Customer Operations**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier

613026

Filing Due Date for this form
(mm/dd/yyyy)

6/16/2023

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SUMMIT TEL & TEL CO OF ALASKA**

Signature of Authorized Officer or employee: **Roger Shoffstall**
Digitally signed by Roger Shoffstall DN:cn=Roger Shoffstall,email=rshoffstall@summittelephonenumbercompany.com,O=summit tel & tel co of alaska,l=Fairbanks AK 99710, Date:5/17/2023

Date: **5/17/2023**

Printed name of Authorized Officer or employee: **Roger Shoffstall**

Title or position of Authorized Officer or employee: **CEO/President/Owner/General Manager**

Telephone number of Authorized Officer or employee: **907-389-1012**

Study Area Code of Reporting Carrier

613028

Filing Due Date for this form
(mm/dd/yyyy)

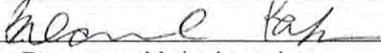
6/16/2023

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(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				Sandwich Isles Communications, Inc.	
Signature of authorized officer				Date	5/22/23
Printed name of authorized officer		Breanne Kahalewai			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(828) 524-8400			
Study Area Code of Reporting Carrier	623021	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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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.					

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Name of Reporting Carrier				Consolidated Communications	
Signature of authorized officer		<i>Michael J Shultz</i>		Date	May 23, 2023
Printed name of authorized officer		Michael J. Shultz			
Title or position of authorized officer		Sr Vice President, Legislative & Regulatory			
Telephone number of authorized officer:		(724) 449-2545			
Study Area Code of Reporting Carrier		see attache	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>					

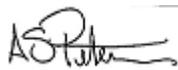
Study Area/Entity	Study Area	
	Number	FRN
Berkshire Telephone Corporation	150073	0004-4915-44
Chautauqua & Erie Telephone Co.	150078	0004-3316-82
Taconic Telephone Corp.	150084	0003-7727-53
Consolidated Communications of Pennsylvania Company, LLC		0003-1935-39
Consolidated Communications of Pennsylvania 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

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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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

- 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