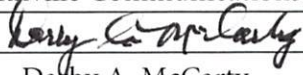


TO BE COMPLETED BY THE REPORTING CARRIER,

**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	Smithville Communications, Inc.		
Signature of Authorized Officer		Date	6/3/2024
Printed name of Authorized Officer	Darby A. McCarty		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer:	( 8128762211, ext. _____		
Study Area Code of Reporting Carrier	32018	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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

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

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

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

Name of Authorized Agent Moss Adams LLP

Name of Reporting Carrier Smithville Communications, Inc.

Signature of Authorized Officer

*Darby A. McCarty*

Date

6/3/2024

Printed name of Authorized Officer

Darby A. McCarty

Title or position of Authorized Officer

CEO

Telephone number of Authorized Officer: ( 812-876-2211 ) ext. \_\_\_\_\_

Study Area Code of Reporting Carrier

32018

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

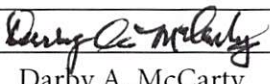
06/16/2023

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				Smithville Communications, Inc.	
Signature of authorized officer				Date	06/03/2024
Printed name of authorized officer		Darby A. McCarty			
Title or position of authorized officer		CEO			
Telephone number of authorized officer: ( 812-876-2211					
Study Area Code of Reporting Carrier	32018		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024	
<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 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	Smithville Communications, Inc.		
Signature of authorized officer		Date	6/3/2024
Printed name of authorized officer	Darby A. McCarty		
Title or position of authorized officer	CEO		
Telephone number of authorized officer:	( 812-876-2211 ) <sub>ext.</sub>		
Study Area Code of Reporting Carrier	32018	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

## CERTIFICATION

I am the CEO of Smithville Communications, Inc. .  
(TITLE) (COMPANY)

I hereby certify that I have reviewed the preparation of all data supporting the June 17, 2024 Interstate Access Tariff Filing, and that I am authorized to execute this certification. Based upon information provided to me by employees responsible for the preparation of, or for supervision of the preparation of, the data submitted in support of the rates contained in the proposed tariff, I hereby certify that the data have been examined and reviewed and are true, correct and complete.

Date: June 17, 2024

Derby A. McParty  
(Signature)

Derby A. McParty  
Printed Name

C.E.O.  
(Title)