

# VOLUME 1

## APPENDIX D

### Exhibit 4

## CARRIER CERTIFICATIONS

### Accuracy of CAF BLS Data

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [OXFORD WEST TEL. CO.](#)

Signature of authorized officer or employee: [Cindy Bryce](#)

Digitally signed by Cindy Bryce DN:cn=Cindy Bryce, email=cbryce@firstlight.net, O=oxford west tel. co., I=Lewiston ME 04240-7418, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Cindy Bryce](#)

Title or position of authorized officer or employee: [Accounting Mgr.](#)

Telephone number of authorized officer or employee: [207-890-9939](#)

Study Area Code of  
Reporting Carrier:

[100002](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
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Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [OXFORD COUNTY TEL. & TELE. CO.](#)

Signature of authorized officer or employee: [Cindy Bryce](#)

Digitally signed by Cindy Bryce DN:cn=Cindy Bryce,email=cbryce@firstlight.net,O=oxford county tel. & tele. co.,l=Lewiston ME 04240-7418, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Cindy Bryce](#)

Title or position of authorized officer or employee: [Accounting Mgr.](#)

Telephone number of authorized officer or employee: [207-890-9939](#)

Study Area Code of  
Reporting Carrier:

[100019](#)

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

[03/31/2024](#)

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Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [UNITEL, INC.](#)

Signature of authorized officer or employee: [Tim Roth](#)

Digitally signed by Tim Roth DN:cn=Tim  
Roth,email=troth@directcom.com,O=unitel, inc.,l=Rockland ID 83271,  
Date:3/19/2024

Date: [3/19/2024](#).

Printed name of authorized officer or employee: [Tim Roth](#)

Title or position of authorized officer or employee: [Analyst & Special Projects Manager](#)

Telephone number of authorized officer or employee: [208-945-8006](#)

Study Area Code of  
Reporting Carrier:

[100029](#)

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

[03/31/2024](#)

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Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [DUNBARTON TEL. CO.](#)Signature of authorized officer or employee: [David P. Montgomery](#)

Digitally signed by David P. Montgomery DN:cn=David P. Montgomery,email=duntelco@gsinet.net,O=dunbarton tel. co.,l=Dunbarton NH 03046, Date:3/18/2024

Date: [3/18/2024](#).Printed name of authorized officer or employee: [David P. 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)[03/31/2024](#)

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.

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Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/22/2024

Date: [3/22/2024](#).

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)

[03/31/2024](#)

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Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/26/2024

Date: [3/26/2024](#).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)[03/31/2024](#)

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Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CASSADAGA TEL. CORP.](#)

Signature of authorized officer or employee: [Wade Weatherlow](#)

Digitally signed by Wade Weatherlow DN:cn=Wade Weatherlow,email=wade.weatherlow@dfel.com,O=cassadaga tel. corp.,l=Fredonia NY 14063-0209, Date:3/19/2024

Date: [3/19/2024](#).

Printed name of authorized officer or employee: [Wade Weatherlow](#)

Title or position of authorized officer or employee: [Carrier Relations Manager](#)

Telephone number of authorized officer or employee: [716-673-3091](#)

Study Area Code of  
Reporting Carrier:

[150076](#)

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

[03/31/2024](#)

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Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=Greenbelt MD 20770, Date:3/19/2024

Date: [3/19/2024](#).

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)

[03/31/2024](#)

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Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CROWN POINT TEL. CORP.](#)

Signature of authorized officer or employee: [Shana R. Knapp](#)

Digitally signed by Shana R. Knapp DN:cn=Shana R. Knapp,email=shana.knapp@cptelco.net,O=crown point tel. corp.,l=Crown Point NY 12928, Date:3/22/2024

Date: [3/22/2024](#).

Printed name of authorized officer or employee: [Shana R. Knapp](#)

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)

[03/31/2024](#)

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Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [DUNKIRK AND FREDONIA TEL. CO.](#)Signature of authorized officer or employee: [Wade Weatherlow](#)

Digitally signed by Wade Weatherlow DN:cn=Wade Weatherlow,email=wade.weatherlow@dfel.com,O=dunkirk and fredonia tel. co.,l=Fredonia NY 14063-0209, Date:3/19/2024

Date: [3/19/2024](#).Printed name of authorized officer or employee: [Wade Weatherlow](#)Title or position of authorized officer or employee: [Carrier Relations Manager](#)Telephone number of authorized officer or employee: [716-673-3091](#)Study Area Code of  
Reporting Carrier:[150091](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [ONEIDA COUNTY RURAL TEL. CO.](#)Signature of authorized officer or employee: [Shelby Buttenschon](#)

Digitally signed by Shelby Buttenschon DN:cn=Shelby Buttenschon,email=sbuttenschon@northland.net,O=oneida county rural tel. co.,l=Holland Patent NY 13354, Date:3/20/2024

Date: [3/20/2024](#).Printed name of authorized officer or employee: [Shelby Buttenschon](#)Title or position of authorized officer or employee: [Accountant](#)Telephone number of authorized officer or employee: [315-865-3228](#)Study Area Code of  
Reporting Carrier:[150111](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/18/2024Date: [3/18/2024](#).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)[03/31/2024](#)

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Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [THE CITIZENS TELEPHONE COMPANY OF KECKSBURG](#)

Signature of authorized officer or employee: [Arnold K. Cutrell](#)

Digitally signed by Arnold K. Cutrell DN:cn=Arnold K. Cutrell,email=arnie.cutrell@ctzn.net,O=the citizens telephone company of kecksburg,I=Mount Pleasant PA 15666, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [Arnold K. 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)

[03/31/2024](#)

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Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=tlj@hky.com,O=hickory tel. co.,l=Hickory PA 15340,  
Date:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [PALMERTON TELEPHONE COMPANY](#)Signature of authorized officer or employee: [Timothy A. Hausman](#)

Digitally signed by Timothy A. Hausman DN:cn=Timothy A. Hausman,email=THausman@pencor.com,O=palmerton telephone company,l=Palmerton PA 18071, Date:3/15/2024

Date: [3/15/2024](#).Printed name of authorized officer or employee: [Timothy A. 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)[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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.,l=Jersey Shore PA 17740-9519, Date:3/15/2024

Date: [3/15/2024](#).

Printed name of authorized officer or employee: [Richard Maietta](#)

Title or position of authorized officer or employee: [Vice President & General Manager](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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.,l=Tazewell VA 24651, Date:3/15/2024

Date: [3/15/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=Edinburg VA 22824, Date:3/19/2024

Date: [3/19/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [SHENANDOAH TELEPHONE COMPANY - 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 telephone company - nr,l=Edinburg VA 22824, Date:3/19/2024

Date: [3/19/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [ITS TELECOMMUNICATIONS SYSTEMS, INC.](#)Signature of authorized officer or employee: [Bruce Russell](#)

Digitally signed by Bruce Russell DN:cn=Bruce Russell,email=brussell@bluestreamfiber.com,O=its telecommunications systems, inc.,l=Indiantown FL 34956, Date:3/18/2024

Date: [3/18/2024](#).Printed name of authorized officer or employee: [Bruce Russell](#)Title or position of authorized officer or employee: [Director, Procurement & Purchasing](#)Telephone number of authorized officer or employee: [772-597-2106](#)Study Area Code of  
Reporting Carrier:[210331](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [BRANTLEY TEL. CO., INC.](#)

Signature of authorized officer or employee: [Andrea Mathie](#)

Digitally signed by Andrea Mathie DN:cn=Andrea Mathie,email=andrea.mathie@btctelcom.net,O=brantley tel. co.,inc.,l=Nahunta GA 31553, Date:3/15/2024

Date: [3/15/2024](#).

Printed name of authorized officer or employee: [Andrea Mathie](#)

Title or position of authorized officer or employee: [Regulatory Supervisor](#)

Telephone number of authorized officer or employee: [912-462-3126](#)

Study Area Code of  
Reporting Carrier:

[220347](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [BULLOCH CNTY. RURAL TEL. COOP., INC.](#)

Signature of authorized officer or employee: **John D. Scott**

Digitally signed by John D. Scott DN:cn=John D. Scott,email=johnscott@bulloch.net,O=bulloch cnty. rural tel. coop.,inc.,l=Statesboro GA 30458, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [John D. 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)

[03/31/2024](#)

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**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [DARIEN TEL. CO., INC.](#)

Signature of authorized officer or employee: [Kenneth I. Johnson](#)

Digitally signed by Kenneth I. Johnson DN:cn=Kenneth I. Johnson,email=kenj@darientel.net,O=darien tel. co., inc.,l=Darien GA 31305, Date:3/22/2024

Date: [3/22/2024](#).

Printed name of authorized officer or employee: [Kenneth I. Johnson](#)

Title or position of authorized officer or employee: [Regulatory Manager](#)

Telephone number of authorized officer or employee: [912-437-6615](#)

Study Area Code of  
Reporting Carrier:

[220358](#)

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

[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [ELLIJAY TEL. CO.](#)

Signature of authorized officer or employee: [Darrell Harper](#)

Digitally signed by Darrell Harper DN:cn=Darrell Harper,email=darrellh@etcnow.com,O=ellijay tel. co.,l=Ellijay GA 30540, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [Darrell Harper](#)

Title or position of authorized officer or employee: [Vice President](#)

Telephone number of authorized officer or employee: [706-697-5519](#)

Study Area Code of Reporting Carrier:

[220360](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [GLENWOOD TEL. CO.](#)

Signature of authorized officer or employee: [Jill Johnson O'Brien](#)

Digitally signed by Jill Johnson O'Brien DN:cn=Jill Johnson O'Brien,email=jilljohnsonobrien@gmail.com,O=glenwood tel. co.,l= ,  
Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Jill Johnson O'Brien](#)

Title or position of authorized officer or employee: [Corporate Secretary](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [HART TEL. CO.](#)

Signature of authorized officer or employee: [Melissa F. Green](#)

Digitally signed by Melissa F. Green DN:cn=Melissa F. Green,email=melissa.green@htconline.net,O=hart tel. co.,l=Hartwell GA 30643, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [Melissa F. Green](#)

Title or position of authorized officer or employee: [Controller](#)

Telephone number of authorized officer or employee: [706-856-2238](#)

Study Area Code of  
Reporting Carrier:

[220368](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [PEMBROKE TEL. CO., INC.](#)

Signature of authorized officer or employee: [Beverly Pirkle](#)

Digitally signed by Beverly Pirkle DN:cn=Beverly Pirkle,email=beverly.pirkle@pacfiber.com,O=pembroke tel. co.,inc.,l=Pembroke GA 31321, Date:3/19/2024

Date: [3/19/2024](#).

Printed name of authorized officer or employee: [Beverly Pirkle](#)

Title or position of authorized officer or employee: [Manager of Regulatory Affairs](#)

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [PUBLIC SERVICE TEL. CO.](#)Signature of authorized officer or employee: [James L. Bond](#)Digitally signed by James L. Bond DN:cn=James L.  
Bond,email=jim.bond@pstel.com,O=public service tel. co.,l=Reynolds  
GA 31076, Date:3/15/2024Date: [3/15/2024](#).Printed name of authorized officer or employee: [James L. 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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [RINGGOLD TEL. CO.](#)

Signature of authorized officer or employee: [Andy LeGrande](#)

Digitally signed by Andy LeGrande DN:cn=Andy LeGrande, email=alegrande@rctel.com, O=ringgold tel. co., l=Ringgold GA 30736, Date:3/15/2024

Date: [3/15/2024](#).

Printed name of authorized officer or employee: [Andy LeGrande](#)

Title or position of authorized officer or employee: [Regulatory Manager](#)

Telephone number of authorized officer or employee: [706-965-1719](#)

Study Area Code of  
Reporting Carrier:

[220382](#)

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

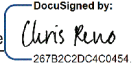
[03/31/2024](#)

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.

FCC Form 508  
Connect America Fund Broadband Loop Support  
Mechanism  
Projected Annual Common Line Revenue Requirement Form

FCC Form 508  
OMB Control No. 3060-0986

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism Projected CAF-BLS Form on Behalf of Reporting Carrier				
I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).				
Name of Authorized Agent <b>National Exchange Carrier Association, Inc.</b>				
Name of Reporting Carrier <b>Waverly Hall Telephone</b>				
Signature of authorized officer or employee 			Date <b>3/26/2024</b>	
Printed name of authorized officer or employee <b>Chris Reno</b>				
Title or position of authorized officer or employee <b>Vice President-Controller</b>				
Telephone number of authorized officer or employee: ( <b>307</b> ) <b>600</b> - <b>0000</b> , ext.				
Study Area Code of Reporting Carrier		<b>220392</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>3/31/2024</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [ATLANTIC TEL. MEMB. CORP.](#)

Signature of authorized officer or employee: [Keith Hughes](#)

Digitally signed by Keith Hughes DN:cn=Keith Hughes,email=khughes@atmc.com,O=atlantic tel. memb. corp.,l=Shallotte NC 28459, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Keith Hughes](#)

Title or position of authorized officer or employee: [Regulatory Manager](#)

Telephone number of authorized officer or employee: [910-755-1896](#)

Study Area Code of  
Reporting Carrier:

[230468](#)

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

[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CITIZENS TEL. CO.-NC](#)

Signature of authorized officer or employee: [Tara Thomas](#)

Digitally signed by Tara Thomas DN:cn=Tara Thomas,email=tara.thomas@comporium.com,O=citizens tel. co.-nc,l=Rock Hill SC 29730, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Tara Thomas](#)

Title or position of authorized officer or employee: [Regulatory Cost Analyst](#)

Telephone number of authorized officer or employee: [803-326-6501](#)

Study Area Code of  
Reporting Carrier:

[230473](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [RANDOLPH TEL. MEMB. CORP. DBA RANDOLPH COMM.](#)

Signature of authorized officer or employee: [Brenda Hardee](#)

Digitally signed by Brenda Hardee DN:cn=Brenda Hardee,email=bhardee@rtmc.coop,O=randolph tel. memb. corp. dba randolph comm.,l=Asheboro NC 27203, Date:3/19/2024

Date: [3/19/2024](#).

Printed name of authorized officer or employee: [Brenda Hardee](#)

Title or position of authorized officer or employee: [Revenue Assurance Specialist](#)

Telephone number of authorized officer or employee: [336-879-7946](#)

Study Area Code of  
Reporting Carrier:

[230496](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [SURRY TELEPHONE MEMBERSHIP CORPORATION](#)

Signature of authorized officer or employee: [Amy Hanson](#)

Digitally signed by Amy Hanson DN:cn=Amy Hanson,email=hansona@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [Amy Hanson](#)

Title or position of authorized officer or employee: [Chief Operating 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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [SKYLINE TEL. MEMB. CORP.](#)

Signature of authorized officer or employee: [Laura Shepherd](#)

Digitally signed by Laura Shepherd DN:cn=Laura Shepherd,email=laura.shepherd@skyline.org,O=skyline tel. memb. corp.,l=West Jefferson NC 28694-0729, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Laura Shepherd](#)

Title or position of authorized officer or employee: [CFO](#)

Telephone number of authorized officer or employee: [336-876-6382](#)

Study Area Code of  
Reporting Carrier:

[230501](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [STAR TEL. MEMB. CORP.](#)

Signature of authorized officer or employee: [Donna Bullard](#)

Digitally signed by Donna Bullard DN:cn=Donna Bullard,email=dcbullard@stmc.net,O=star tel. memb. corp.,l=Clinton NC 28328, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Donna Bullard](#)

Title or position of authorized officer or employee: [Executive VP & CEO](#)

Telephone number of authorized officer or employee: [910-564-7862](#)

Study Area Code of  
Reporting Carrier:

[230502](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [SURRY TELEPHONE MEMBERSHIP CORPORATION](#)Signature of authorized officer or employee: [Amy Hanson](#)

Digitally signed by Amy Hanson DN:cn=Amy Hanson,email=hanson.a@surrytel.com,O=surry telephone membership corporation,l=Dobson NC 27017, Date:3/20/2024

Date: [3/20/2024](#).Printed name of authorized officer or employee: [Amy Hanson](#)Title or position of authorized officer or employee: [Chief Operating 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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CHESNEE TEL. CO.](#)

Signature of authorized officer or employee: [Tara Thomas](#)

Digitally signed by Tara Thomas DN:cn=Tara Thomas,email=tara.thomas@comporium.com,O=chesnee tel. co.,l=Rock Hill SC 29730, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Tara Thomas](#)

Title or position of authorized officer or employee: [Regulatory Cost Analyst](#)

Telephone number of authorized officer or employee: [803-326-6501](#)

Study Area Code of  
Reporting Carrier:

[240515](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CHESTER TEL. CO.-SC](#)

Signature of authorized officer or employee: [Eric Ramey](#)

Digitally signed by Eric Ramey DN:cn=Eric Ramey,email=eric.ramey@truvista.biz,O=chester tel. co.-sc,l=Chester SC 29706, Date:3/22/2024

Date: [3/22/2024](#).

Printed name of authorized officer or employee: [Eric Ramey](#)

Title or position of authorized officer or employee: [SVP -Regulatory & HR](#)

Telephone number of authorized officer or employee: [152-581-9152](#)

Study Area Code of  
Reporting Carrier:

[240516](#)

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

[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism**  
**Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [FARMERS TEL. COOP., INC-SC](#)

Signature of authorized officer or employee: [Sandra Moore](#)

Digitally signed by Sandra Moore DN:cn=Sandra Moore,email=moores@mail.fcc.org,O=farmers tel. coop., inc-sc,lc=Kingstree SC 29556, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Sandra Moore](#)

Title or position of authorized officer or employee: [External Affairs and Regulatory Analyst](#)

Telephone number of authorized officer or employee: [843-382-1313](#)

Study Area Code of Reporting Carrier:

[240520](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [FORT MILL TEL. CO.](#)

Signature of authorized officer or employee: [Tara Thomas](#)

Digitally signed by Tara Thomas DN:cn=Tara Thomas,email=tara.thomas@comporium.com,O=fort mill tel. co.,l=Rock Hill SC 29730, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Tara Thomas](#)

Title or position of authorized officer or employee: [Regulatory Cost Analyst](#)

Telephone number of authorized officer or employee: [803-326-6501](#)

Study Area Code of  
Reporting Carrier:

[240521](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support**  
**Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

FCC Form 508  
OMB Control No. 3060-0986

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

<b>Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism Projected CAF-BLS Form on Behalf of Reporting Carrier</b>			
<p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p>			
Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u>			
Name of Reporting Carrier <u>Horry Telephone Cooperative, Inc.</u>			
Signature of authorized officer or employee 			Date <u>03/26/2024</u>
Printed name of authorized officer or employee <u>Fred Reimer</u>			
Title or position of authorized officer or employee <u>CFO</u>			
Telephone number of authorized officer or employee: ( <u>843</u> ) <u>365</u> - <u>2151</u> , ext.			
Study Area Code of Reporting Carrier	<u>240528</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>3/31/2024</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.			

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [LANCASTER TEL. CO.](#)

Signature of authorized officer or employee: [Tara Thomas](#)

Digitally signed by Tara Thomas DN:cn=Tara Thomas,email=tara.thomas@comporium.com,O=lancaster tel. co.,l=Rock Hill SC 29730, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Tara Thomas](#)

Title or position of authorized officer or employee: [Regulatory Cost Analyst](#)

Telephone number of authorized officer or employee: [803-326-6501](#)

Study Area Code of  
Reporting Carrier:

[240531](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [LOCKHART TEL. CO., INC.](#)Signature of authorized officer or employee: [Eric Ramey](#)

Digitally signed by Eric Ramey DN:cn=Eric Ramey,email=eric.ramey@truvista.biz,O=lockhart tel. co.,inc.,l=Chester SC 29706, Date:3/22/2024

Date: [3/22/2024](#).Printed name of authorized officer or employee: [Eric Ramey](#)Title or position of authorized officer or employee: [SVP -Regulatory & HR](#)Telephone number of authorized officer or employee: [152-581-9152](#)Study Area Code of  
Reporting Carrier:[240532](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [PALMETTO RURAL TEL. COOP., INC.](#)

Signature of authorized officer or employee: [Valerie Ancrum](#)

Digitally signed by Valerie Ancrum DN:cn=Valerie Ancrum,email=valerie.ancrum@prtc.us,O=palmetto rural tel. coop., inc.,l=Walterboro SC 29488, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Valerie Ancrum](#)

Title or position of authorized officer or employee: [Regulatory Affairs Manager](#)

Telephone number of authorized officer or employee: [843-538-9383](#)

Study Area Code of  
Reporting Carrier:

[240536](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support**  
**Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

FCC Form 508  
OMB Control No. 3060-0986

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund -  
Broadband Loop Support Mechanism Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent National Exchange Carrier Association, Inc.

Name of Reporting Carrier Piedmont Rural Telephone Cooperative

Signature of authorized officer or employee

*Randall Lis*

Date

03/25/2024

Printed name of authorized officer or employee

Randall Lis

Title or position of authorized officer or employee

General Manager

Telephone number of authorized officer or employee: ( 804 ) 682 - 3131 , ext.

Study Area Code of Reporting Carrier

240538

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

3/31/2024

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [PBT TELECOM, INC.](#)Signature of authorized officer or employee: [Tara Thomas](#)

Digitally signed by Tara Thomas DN:cn=Tara Thomas,email=tara.thomas@comporium.com,O=pbt telecom,inc.,l=Rock Hill SC 29730, Date:3/21/2024

Date: [3/21/2024](#).Printed name of authorized officer or employee: [Tara Thomas](#)Title or position of authorized officer or employee: [Regulatory Cost Analyst](#)Telephone number of authorized officer or employee: [803-326-6501](#)Study Area Code of  
Reporting Carrier:[240539](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [RIDGEWAY TEL. CO., INC.](#)Signature of authorized officer or employee: [Eric Ramey](#)

Digitally signed by Eric Ramey DN:cn=Eric Ramey,email=eric.ramey@truvista.biz,O=ridgeway tel. co.,inc.,l=Chester SC 29706, Date:3/22/2024

Date: [3/22/2024](#).Printed name of authorized officer or employee: [Eric Ramey](#)Title or position of authorized officer or employee: [SVP -Regulatory & HR](#)Telephone number of authorized officer or employee: [152-581-9152](#)Study Area Code of  
Reporting Carrier:[240541](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [COMPORIUM, INC.](#)

Signature of authorized officer or employee: [Tara Thomas](#)

Digitally signed by Tara Thomas DN:cn=Tara Thomas,email=tara.thomas@comporium.com,O=comporium,inc.,l=Rock Hill SC 29730, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Tara Thomas](#)

Title or position of authorized officer or employee: [Regulatory Cost Analyst](#)

Telephone number of authorized officer or employee: [803-326-6501](#)

Study Area Code of  
Reporting Carrier:

[240542](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [SANDHILL TEL. COOP., INC.](#)

Signature of authorized officer or employee: [Allen Mills](#)

Digitally signed by Allen Mills DN:cn=Allen Mills,email=allen.mills@mysandhill.net,O=sandhill tel. coop.,inc.,l=Jefferson SC 29718, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [Allen Mills](#)

Title or position of authorized officer or employee: [CABS Coordinator](#)

Telephone number of authorized officer or employee: [843-658-6848](#)

Study Area Code of  
Reporting Carrier:

[240546](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=, Date:3/22/2024

Date: [3/22/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/25/2024

Date: [3/25/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/18/2024

Date: [3/18/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/25/2024

Date: [3/25/2024](#).

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)

[03/31/2024](#)

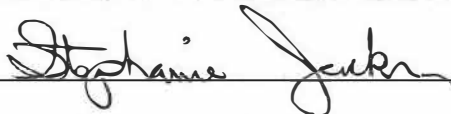
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**Certification of Officer or Employee as to the Accuracy of the Broadband-Only Data supplied to NECA**

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund - Broadband Loop Support Mechanism projected data; and, to the best of my knowledge, the broadband-only data provided to NECA subsequent to the Form 508 filing with USAC are accurate.

Name of Reporting Carrier **Ragland Telephone Co. Inc,**

Signature of authorized officer or employee



Date

**05/09/2024**

Printed name of authorized officer or employee

**Stephanie Jackson**

Title or position of authorized officer or employee

**Vice President**

Telephone number of authorized officer or employee: ( 205 ) 472 - 2141 , ext.

Study Area Code of Reporting Carrier

**250316**

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

June 2024

Statements and information submitted with this form will be incorporated in filings before the Federal Communications Commission. Persons willfully making false statements to the Commission can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [BRANDENBURG TEL. CO., INC.](#)

Signature of authorized officer or employee: [Holly Mattingly](#)

Digitally signed by Holly Mattingly DN:cn=Holly Mattingly,email=holly.mattingly@brandenburgtel.com,O=brandenburg tel. co., inc.,l=Brandenburg KY 40108, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Holly Mattingly](#)

Title or position of authorized officer or employee: [Accounting Supervisor](#)

Telephone number of authorized officer or employee: [270-422-2121](#)

Study Area Code of  
Reporting Carrier:

[260398](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [DUO COUNTY TEL. COOP., INC.](#)

Signature of authorized officer or employee: [Daryl L. Hammond](#)

Digitally signed by Daryl L. Hammond DN:cn=Daryl L. Hammond,email=dhammond@duobroadband.com,O=duo county tel. coop., inc.,l=Jamestown KY 42642, Date:3/15/2024

Date: [3/15/2024](#).

Printed name of authorized officer or employee: [Daryl L. 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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [GEARHEART COMM. DBA COALFIELDS TEL. CO.](#)Signature of authorized officer or employee: [James O. Campbell](#)

Digitally signed by James O. Campbell DN:cn=James O. Campbell, email=jcamp@mis.net,O=gearheart comm. dba coalfields tel. co.,l=Harold KY 41635, Date:3/22/2024

Date: [3/22/2024](#).Printed name of authorized officer or employee: [James O. Campbell](#)Title or position of authorized officer or employee: [CFO](#)Telephone number of authorized officer or employee: [606-479-6254](#)Study Area Code of  
Reporting Carrier:[260408](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [LOGAN TEL. COOP., INC.](#)

Signature of authorized officer or employee: [Gregory A. Hale](#)

Digitally signed by Gregory A. Hale DN:cn=Gregory A. Hale, email=ghale@ltccconnect.com, O=logan tel. coop., inc., l=Auburn KY 42206-0097, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Gregory A. Hale](#)

Title or position of authorized officer or employee: [Chief Executive Officer](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/25/2024

Date: [3/25/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [SOUTH CENTRAL RURAL TELECOMM. COOP., INC.](#)Signature of authorized officer or employee: [Chris Lawrence](#)

Digitally signed by Chris Lawrence DN:cn=Chris Lawrence,email=chris.lawrence@scrtc.net,O=south central rural telecomm. coop., inc.,l=Glasgow KY 42141, Date:3/20/2024

Date: [3/20/2024](#).Printed name of authorized officer or employee: [Chris Lawrence](#)Title or position of authorized officer or employee: [Business Director](#)Telephone number of authorized officer or employee: [270-678-8230](#)Study Area Code of  
Reporting Carrier:[260418](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [THACKER/GRIGSBY TEL. CO., INC.](#)

Signature of authorized officer or employee: [Kimberly Jones](#)

Digitally signed by Kimberly Jones DN:cn=Kimberly Jones,email=k.jones@tgtel.net,O=thacker/grigsby tel. co., inc.,l=Hindman KY 41822, Date:3/15/2024

Date: [3/15/2024](#).

Printed name of authorized officer or employee: [Kimberly Jones](#)

Title or position of authorized officer or employee: [Accounting Supervisor](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=Delcambre LA 70528, Date:3/15/2024

Date: [3/15/2024](#).

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)

[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [KAPLAN TEL. CO.](#)

Signature of authorized officer or employee: [Richard J. Constantin](#)

Digitally signed by Richard J. Constantin DN:cn=Richard J. Constantin,email=rconstantin@kaptel.net,O=kaplan tel. co.,l=Kaplan LA 70548-0369, Date:3/22/2024

Date: [3/22/2024](#).

Printed name of authorized officer or employee: [Richard J. 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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [RESERVE TEL. CO.](#)

Signature of authorized officer or employee: [Scott Small](#)

Digitally signed by Scott Small DN:cn=Scott  
Small,email=scott.small@letsrev.com,O=reserve tel. co.,l=Gonzales  
LA 70737, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Scott Small](#)

Title or position of authorized officer or employee: [VP of Operations](#)

Telephone number of authorized officer or employee: [985-536-1326](#)

Study Area Code of  
Reporting Carrier:

[270438](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [STAR TEL. CO., INC.](#)Signature of authorized officer or employee: [Tim Roth](#)Digitally signed by Tim Roth DN:cn=Tim  
Roth,email=troth@directcom.com,O=star tel. co., inc.,l=Rockland ID  
83271, Date:3/19/2024Date: [3/19/2024](#).Printed name of authorized officer or employee: [Tim Roth](#)Title or position of authorized officer or employee: [Analyst & Special Projects Manager](#)Telephone number of authorized officer or employee: [208-945-8006](#)Study Area Code of  
Reporting Carrier:[270441](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support**  
**Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

FCC Form 508  
OMB Control No. 3060-0986

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

<b>Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism Projected CAF-BLS Form on Behalf of Reporting Carrier</b>			
<p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p>			
Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u>			
Name of Reporting Carrier <u>Noxapater Telephone Company</u>			
Signature of authorized officer or employee <u></u>			Date <u>03/18/2024</u>
Printed name of authorized officer or employee <u>Charlotte Pearce</u>			
Title or position of authorized officer or employee <u>Vice_President</u>			
Telephone number of authorized officer or employee: ( <u>601</u> ) <u>764</u> - <u>3171</u> , ext.			
Study Area Code of Reporting Carrier <u>280461</u>	Filing Due Date for this form (mm/dd/yyyy) <u>3/31/2024</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.			

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
 Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [ARDMORE TEL. CO., INC.](#)

Signature of authorized officer or employee: [Robert L. Hutter](#)

Digitally signed by Robert L. Hutter DN:cn=Robert L. Hutter, email=rhutter@mywkt.coop, O=ardmore tel. co., inc., l=Mayfield KY 42066, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Robert L. 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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [LORETTO TEL. CO., INC.](#)

Signature of authorized officer or employee: [Rebecca Hardiman](#)

Digitally signed by Rebecca Hardiman DN:cn=Rebecca Hardiman,email=rebecca.hardiman@lorettotel.com,O=loretto tel. co.,inc.,l=Loretto TN 38469, Date:3/15/2024

Date: [3/15/2024](#).

Printed name of authorized officer or employee: [Rebecca Hardiman](#)

Title or position of authorized officer or employee: [Staff Accountant](#)

Telephone number of authorized officer or employee: [931-853-6942](#)

Study Area Code of  
Reporting Carrier:

[290570](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [UNITED TEL. CO.-TN DBA UNITED COMMUNICATIONS](#)Signature of authorized officer or employee: [Kristin Jackson](#)

Digitally signed by Kristin Jackson DN:cn=Kristin Jackson,email=kjackson@gounited.net,O=united tel. co.-tn dba united communications,l=Chapel Hill TN 37034, Date:3/19/2024

Date: [3/19/2024](#).Printed name of authorized officer or employee: [Kristin Jackson](#)Title or position of authorized officer or employee: [CFO](#)Telephone number of authorized officer or employee: [931-364-4325](#)Study Area Code of  
Reporting Carrier:[290581](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [WEST KENTUCKY RURAL TELEPHONE COOP. CORP.-TN](#)

Signature of authorized officer or employee: [Robert L. Hutter](#)

Digitally signed by Robert L. Hutter DN:cn=Robert L. Hutter,email=rhutter@mywkt.coop,O=west kentucky rural telephone coop. corp.-tn,l=Mayfield KY 42066, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Robert L. 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)

[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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=Defiance OH 43512, Date:3/18/2024Date: [3/18/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [BENTON RIDGE TEL. CO.](#)

Signature of authorized officer or employee: [Angela Finnerty](#)

Digitally signed by Angela Finnerty DN:cn=Angela Finnerty,email=angelafinnerty@watchcomm.net,O=benton ridge tel. co.,l=Lima OH 45801, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Angela Finnerty](#)

Title or position of authorized officer or employee: [Corporate Accountant](#)

Telephone number of authorized officer or employee: [419-859-2144](#)

Study Area Code of  
Reporting Carrier:

[300590](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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.,l=Urbana OH 43078, Date:3/18/2024

Date: [3/18/2024](#).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)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/21/2024

Date: [3/21/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [DOYLESTOWN TEL. CO.](#)

Signature of authorized officer or employee: [David Jones](#)

Digitally signed by David Jones DN:cn=David Jones,email=djones@doylestowntelephone.com,O=doylestown tel. co.,l=Doylestown OH 44230, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [David Jones](#)

Title or position of authorized officer or employee: [Accounting Manager](#)

Telephone number of authorized officer or employee: [330-658-3401](#)

Study Area Code of  
Reporting Carrier:

[300609](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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,l=Okolona OH 43545, Date:3/21/2024

Date: [3/21/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [MINFORD TEL. CO., INC.](#)

Signature of authorized officer or employee: [Casey Neal](#)

Digitally signed by Casey Neal DN:cn=Casey Neal,email=casey.neal@falcon1.net,O=minford tel. co., inc.,l=Minford OH 45653, Date:3/22/2024

Date: [3/22/2024](#).

Printed name of authorized officer or employee: [Casey Neal](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/15/2024

Date: [3/15/2024](#).

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)

[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=vvitelco@bright.net,O=vaughnsville tel. co.,inc.,l=Vaughnsville OH 45893-0127, Date:3/25/2024

Date: [3/25/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [BLANCHARD TELEPHONE CO.](#)

Signature of authorized officer or employee: [Michael Fitzpatrick](#)

Digitally signed by Michael Fitzpatrick DN:cn=Michael Fitzpatrick,email=mfitzpatrick@blanchardtel.com,O=blanchard telephone co.,l=Blanchard MI 49310, Date:3/22/2024

Date: [3/22/2024](#).

Printed name of authorized officer or employee: [Michael Fitzpatrick](#)

Title or position of authorized officer or employee: [General Manager](#)

Telephone number of authorized officer or employee: [989-561-9932](#)

Study Area Code of  
Reporting Carrier:

[310678](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CLIMAX TEL. CO.](#)

Signature of authorized officer or employee: [Rachel Paolillo](#)

Digitally signed by Rachel Paolillo DN:cn=Rachel Paolillo,email=rachel.paolillo@metronet.com,O=climax tel. co.,l=Overland Park KS 66214, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Rachel Paolillo](#)

Title or position of authorized officer or employee: [Director of Tax & Reg. Compliance](#)

Telephone number of authorized officer or employee: [913-794-3130](#)

Study Area Code of  
Reporting Carrier:

[310688](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [DEERFIELD FARMERS TEL. CO.](#)Signature of authorized officer or employee: [Victoria Stevens](#)

Digitally signed by Victoria Stevens DN:cn=Victoria Stevens,email=Victoria.stevens@d-pcomm.com,O=deerfield farmers tel. co.,l=Petersburg MI 49270, Date:3/18/2024

Date: [3/18/2024](#).Printed name of authorized officer or employee: [Victoria Stevens](#)Title or position of authorized officer or employee: [HR/RSC Manager](#)Telephone number of authorized officer or employee: [734-279-5535](#)Study Area Code of  
Reporting Carrier:[310691](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [ACE TEL. CO. OF MI, INC.](#)

Signature of authorized officer or employee: [Cynthia Sweet](#)

Digitally signed by Cynthia Sweet DN:cn=Cynthia Sweet,email=csweet@acentek.net,O=ace tel. co. of mi, inc.,l=Houston MN 55943-0360, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Cynthia Sweet](#)

Title or position of authorized officer or employee: [Controller](#)

Telephone number of authorized officer or employee: [507-896-6211](#)

Study Area Code of  
Reporting Carrier:

[310704](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism**  
**Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [LENNON TEL. CO.](#)

Signature of authorized officer or employee: [Sharon Patsey](#)

Digitally signed by Sharon Patsey DN:cn=Sharon Patsey,email=spatsey@lentel.com,O=lennon tel. co.,l=Lennon MI 48449-0329, Date:3/19/2024

Date: [3/19/2024](#).

Printed name of authorized officer or employee: [Sharon Patsey](#)

Title or position of authorized officer or employee: [General Manager](#)

Telephone number of authorized officer or employee: [810-621-3305](#)

Study Area Code of Reporting Carrier:

[310708](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [OGDEN TEL. CO.](#)

Signature of authorized officer or employee: [Kristen K Fisher](#)

Digitally signed by Kristen K Fisher DN:cn=Kristen K Fisher,email=fisher@ogdentel.com,O=ogden tel. co.,l=Blissfield MI 49228, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Kristen K Fisher](#)

Title or position of authorized officer or employee: [Secretary-Treasurer](#)

Telephone number of authorized officer or employee: [517-443-5595](#)

Study Area Code of  
Reporting Carrier:

[310714](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [PIGEON TEL. CO.](#)

Signature of authorized officer or employee: [Neal B. Eichler](#)

Digitally signed by Neal B. Eichler DN:cn=Neal B. Eichler,email=naeic@avci.net,O=Pigeon tel. co.,l=Pigeon MI 48755, Date:3/15/2024

Date: [3/15/2024](#).

Printed name of authorized officer or employee: [Neal B. 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)

[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/22/2024

Date: [3/22/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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@winntel.com,O=winntel. co.,I=Winn MI 48896,  
Date:3/25/2024

Date: [3/25/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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,l=Warren IN 46792, Date:3/21/2024

Date: [3/21/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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 cty. rural tel coop inc d/b/a endeavor,l=Cloverdale IN 46120-0237, Date:3/21/2024

Date: [3/21/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [CRAIGVILLE TEL. CO., INC.](#)Signature of authorized officer or employee: [Chaz Carroll](#)

Digitally signed by Chaz Carroll DN:cn=Chaz Carroll,email=chaz@adamswells.net,O=craigville tel. co., inc.,l=Craigville IN 46731, Date:3/15/2024

Date: [3/15/2024](#).Printed name of authorized officer or employee: [Chaz Carroll](#)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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=Montgomery IN 47558, Date:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=Frankfort IN 46041-7799, Date:3/19/2024

Date: [3/19/2024](#).

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)

[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=Ligonier IN 46767,  
Date:3/20/2024

Date: [3/20/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/20/2024

Date: [3/20/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/22/2024

Date: [3/22/2024](#).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)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [NORTHWESTERN INDIANA TEL. CO., INC.](#)Signature of authorized officer or employee: [Sharon McKay](#)

Digitally signed by Sharon McKay DN:cn=Sharon McKay,email=smckay@nitco.com,O=northwestern indiana tel. co.,inc.,l=Hebron IN 46341, Date:3/20/2024

Date: [3/20/2024](#).Printed name of authorized officer or employee: [Sharon McKay](#)Title or position of authorized officer or employee: [Business Office/Regulatory Mgr](#)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)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [PERRY-SPENCER RURAL TEL. COOP., INC. DBA PSC](#)Signature of authorized officer or employee: [Kelly Schwoeppee](#)

Digitally signed by Kelly Schwoeppee DN:cn=Kelly Schwoeppee,email=kschwoeppe@pscfiber.net,O=perry-spencer rural tel. coop., inc. dba psc,l=St. Meinrad IN 47577, Date:3/22/2024

Date: [3/22/2024](#).Printed name of authorized officer or employee: [Kelly Schwoeppee](#)Title or position of authorized officer or employee: [CFO](#)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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [PULASKI-WHITE RURAL TEL. COOP.dba LIGHTSTREAM](#)

Signature of authorized officer or employee: [Denise Wickersham](#)

Digitally signed by Denise Wickersham DN:cn=Denise Wickersham,email=dwickersham@lightstreamin.net,O=pulaski-white rural tel. coop.dba lightstream,l=Buffalo IN 47925, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [Denise Wickersham](#)

Title or position of authorized officer or employee: [Controller](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [ROCHESTER TEL. CO., INC.](#)

Signature of authorized officer or employee: [Tyson B. Kalischuk](#)

Digitally signed by Tyson B. Kalischuk DN:cn=Tyson B. Kalischuk, email=tyson.kalischuk@rtc1.com, O=rochester tel. co., inc., l=Rochester IN 46975, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [Tyson B. 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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [SOUTHEASTERN INDIANA RURAL TEL. COOP., INC.](#)Signature of authorized officer or employee: [Aliesha Niebrugge](#)

Digitally signed by Aliesha Niebrugge DN:cn=Aliesha Niebrugge,email=niebruggea@seidata.com,O=southeastern indianarural tel. coop., inc.,l=Dillsboro IN 47018-0007, Date:3/21/2024

Date: [3/21/2024](#).Printed name of authorized officer or employee: [Aliesha Niebrugge](#)Title or position of authorized officer or employee: [Business Office Supervisor](#)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)[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [SWAYZEE TEL. CO., INC.](#)

Signature of authorized officer or employee: [Audra Hicks](#)

Digitally signed by Audra Hicks DN:cn=Audra Hicks,email=ahicks@fiberhawk.com,O=swayzee tel. co.,inc.,l=Swayzee IN 46986, Date:3/14/2024

Date: [3/14/2024](#).

Printed name of authorized officer or employee: [Audra Hicks](#)

Title or position of authorized officer or employee: [Office Manager](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [SWEETSER RURAL TEL. CO., INC.](#)

Signature of authorized officer or employee: [Lynn Hess](#)

Digitally signed by Lynn Hess DN:cn=Lynn Hess,email=lynnhess@comteck.com,O=sweetser rural tel. co.,inc.,l=Sweetser IN 46987, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [Lynn Hess](#)

Title or position of authorized officer or employee: [Accountant](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/15/2024

Date: [3/15/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CHEQUAMEGON COMMUNICATIONS COOPERATIVE, INC.](#)

Signature of authorized officer or employee: [Eugene Carlson](#)

Digitally signed by Eugene Carlson DN:cn=Eugene Carlson,email=ecarlson@norvado.com,O=chequamegon communications cooperative, inc.,l=Cable WI 54821, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Eugene Carlson](#)

Title or position of authorized officer or employee: [CFO](#)

Telephone number of authorized officer or employee: [715-339-7512](#)

Study Area Code of  
Reporting Carrier:

[330860](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/22/2024

Date: [3/22/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CITIZENS TEL. COOP., INC.-WI](#)

Signature of authorized officer or employee: [Dennis L. Bachman](#)

Digitally signed by Dennis L. Bachman DN:cn=Dennis L. Bachman,email=dbachman@citizens-connected.com,O=citizens tel. coop., inc.-wi,l=New Auburn WI 54757-0127, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Dennis L. 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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [COCHRANE COOP. TEL. CO.](#)

Signature of authorized officer or employee: [Shawn Squires](#)

Digitally signed by Shawn Squires DN:cn=Shawn Squires,email=s.squires@cochranetel.com,O=cochrane coop. tel. co.,l=Cochrane WI 54622-0189, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Shawn Squires](#)

Title or position of authorized officer or employee: [CEO](#)

Telephone number of authorized officer or employee: [608-248-2323](#)

Study Area Code of  
Reporting Carrier:

[330866](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [LAKEFIELD TELEPHONE COMPANY](#)Signature of authorized officer or employee: [Jim Paulos](#)

Digitally signed by Jim Paulos DN:cn=Jim Paulos,email=jim.paulos@nsight.com,O=lakefield telephone company,l=Green Bay WI 54313, Date:3/15/2024

Date: [3/15/2024](#).Printed name of authorized officer or employee: [Jim Paulos](#)Title or position of authorized officer or employee: [Fixed Operations Manager](#)Telephone number of authorized officer or employee: [920-617-7085](#)Study Area Code of  
Reporting Carrier:[330896](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=greg@ltc.coop,O=la valle tel. coop.,l=La Valle WI 53941-0028, Date:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/20/2024

Date: [3/20/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/19/2024

Date: [3/19/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [NIAGARA TELEPHONE COMPANY](#)

Signature of authorized officer or employee: [Jim Paulos](#)

Digitally signed by Jim Paulos DN:cn=Jim Paulos,email=jim.paulos@nsight.com,O=niagara telephone company,l=Green Bay WI 54313, Date:3/15/2024

Date: [3/15/2024](#).

Printed name of authorized officer or employee: [Jim Paulos](#)

Title or position of authorized officer or employee: [Fixed Operations Manager](#)

Telephone number of authorized officer or employee: [920-617-7085](#)

Study Area Code of  
Reporting Carrier:

[330920](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [BAYLAND TELEPHONE, LLC](#)

Signature of authorized officer or employee: [Jim Paulos](#)

Digitally signed by Jim Paulos DN:cn=Jim Paulos,email=jim.paulos@nsight.com,O=bayland telephone, llc,l=Green Bay WI 54313, Date:3/15/2024

Date: [3/15/2024](#).

Printed name of authorized officer or employee: [Jim Paulos](#)

Title or position of authorized officer or employee: [Fixed Operations Manager](#)

Telephone number of authorized officer or employee: [920-617-7085](#)

Study Area Code of  
Reporting Carrier:

[330925](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [PRICE COUNTY TEL. CO.](#)

Signature of authorized officer or employee: [Eugene Carlson](#)

Digitally signed by Eugene Carlson DN:cn=Eugene Carlson,email=ecarlson@norvado.com,O=price county tel. co.,l=Cable WI 54821, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Eugene Carlson](#)

Title or position of authorized officer or employee: [CFO](#)

Telephone number of authorized officer or employee: [715-339-7512](#)

Study Area Code of  
Reporting Carrier:

[330937](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [NORTHEAST TEL. CO.](#)

Signature of authorized officer or employee: [Jim Paulos](#)

Digitally signed by Jim Paulos DN:cn=Jim Paulos,email=jim.paulos@nsight.com,O=northeast tel. co.,l=Green Bay WI 54313, Date:3/15/2024

Date: [3/15/2024](#).

Printed name of authorized officer or employee: [Jim Paulos](#)

Title or position of authorized officer or employee: [Fixed Operations Manager](#)

Telephone number of authorized officer or employee: [920-617-7085](#)

Study Area Code of  
Reporting Carrier:

[330938](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/19/2024

Date: [3/19/2024](#).

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)

[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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=Menomonie WI 54751, Date:3/15/2024Date: [3/15/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [EGYPTIAN TEL. 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.,l=Steeleville IL 62288, Date:3/22/2024

Date: [3/22/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=gmte@joink.com,O=the grandview mutual tel. co.,l=Paris IL 61944, Date:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/22/2024

Date: [3/22/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [HARRISONVILLE TEL. CO.](#)

Signature of authorized officer or employee: [Craig Hern](#)

Digitally signed by Craig Hern DN:cn=Craig  
Hern,email=chern@htc.net,O=harrisonville tel. co.,l= , Date:3/23/2024

Date: [3/23/2024](#).

Printed name of authorized officer or employee: [Craig Hern](#)

Title or position of authorized officer or employee: [VP of Operations](#)

Telephone number of authorized officer or employee: [618-939-9219](#)

Study Area Code of  
Reporting Carrier:

[341026](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/19/2024

Date: [3/19/2024](#).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)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [LEAF RIVER TEL. CO.](#)Signature of authorized officer or employee: [Aaron L. Palmer](#)

Digitally signed by Aaron L. Palmer DN:cn=Aaron L. Palmer,email=apalmer@lnet1.com,O=leaf river tel. co.,l=Leaf River IL 61047, Date:3/21/2024

Date: [3/21/2024](#).Printed name of authorized officer or employee: [Aaron L. 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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism**  
**Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [MCDONOUGH TELEPHONE COOPERATIVE](#)

Signature of authorized officer or employee: [Holly Fecht](#)

Digitally signed by Holly Fecht DN:cn=Holly Fecht,email=hfecht@mdtc.net,O=mcdonough telephone cooperative,l=Colchester IL 62326, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Holly Fecht](#)

Title or position of authorized officer or employee: [VP\Chief Financial Officer](#)

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)

[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [MADISON TEL. CO.](#)

Signature of authorized officer or employee: [Carrie Lewis](#)

Digitally signed by Carrie Lewis DN:cn=Carrie Lewis,email=clewis@gomadison.com,O=madison tel. co.,l=Staunton IL 62088, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Carrie Lewis](#)

Title or position of authorized officer or employee: [Director of Reg & Finance](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [MARSEILLES TEL. CO. OF MARS.](#)

Signature of authorized officer or employee: [Ann Rauh Dickerson](#)

Digitally signed by Ann Rauh Dickerson DN:cn=Ann Rauh Dickerson,email=adickerson@corp.mtco.com,O=marseilles tel. co. of mars.,l=Metamora IL 61548-0800, Date:3/26/2024

Date: [3/26/2024](#).

Printed name of authorized officer or employee: [Ann Rauh 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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [METAMORA TEL. CO.](#)

Signature of authorized officer or employee: [Ann Rauh Dickerson](#)

Digitally signed by Ann Rauh Dickerson DN:cn=Ann Rauh Dickerson, email=adickerson@corp.mtco.com, O=metamora tel. co., l=Metamora IL 61548-0800, Date:3/26/2024

Date: [3/26/2024](#).

Printed name of authorized officer or employee: [Ann Rauh 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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [MONTROSE MUTUAL TEL. CO.](#)Signature of authorized officer or employee: [Cheryl Gaither](#)

Digitally signed by Cheryl Gaither DN:cn=Cheryl Gaither,email=cheryl.gaither@wabash.coop,O=montrose mutual tel. co.,l=Louisville IL 62858, Date:3/25/2024

Date: [3/25/2024](#).Printed name of authorized officer or employee: [Cheryl Gaither](#)Title or position of authorized officer or employee: [Controller](#)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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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, Date:3/22/2024

Date: [3/22/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [VIOLA HOME TEL. CO.](#)

Signature of authorized officer or employee: [Jay D. Barton](#)

Digitally signed by Jay D. Barton DN:cn=Jay D. Barton, email=jay@violatel.com, O=viola home tel. co., l=Viola IL 61486, Date:3/15/2024

Date: [3/15/2024](#).

Printed name of authorized officer or employee: [Jay D. 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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [WABASH TEL COOP, INC. DBA WABASH COMM CO-OP](#)Signature of authorized officer or employee: [Cheryl Gaither](#)

Digitally signed by Cheryl Gaither DN:cn=Cheryl Gaither,email=cheryl.gaither@wabash.coop,O=wabash tel coop, inc. dba wabash comm co-op,l=Louisville IL 62858, Date:3/25/2024

Date: [3/25/2024](#).Printed name of authorized officer or employee: [Cheryl Gaither](#)Title or position of authorized officer or employee: [Controller](#)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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism**  
**Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/15/2024

Date: [3/15/2024](#).

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)

[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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,I=Cascade IA 52033-0250, Date:3/15/2024

Date: [3/15/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CLEAR LAKE INDP. TEL. CO.](#)

Signature of authorized officer or employee: [Thomas Lovell](#)

Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@cltel.com,O=clear lake indp. tel. co.,l=Clear Lake IA 50428-0066, Date:3/18/2024

Date: [3/18/2024](#).

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:

[351132](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [COLO TEL. CO.](#)

Signature of authorized officer or employee: [Randy Shane Bellon](#)

Digitally signed by Randy Shane Bellon DN:cn=Randy Shane Bellon,email=shane@colotel.org,O=colo tel. co.,l=Colo IA 50056,  
Date:3/15/2024

Date: [3/15/2024](#).

Printed name of authorized officer or employee: [Randy Shane 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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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, Date:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/18/2024

Date: [3/18/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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@fctc.coop,O=farmers coop. tel. co.-dysart,l=Dysart IA 52224-0280, Date:3/15/2024

Date: [3/15/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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.,l=Wayland IA 52654, Date:3/22/2024

Date: [3/22/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [FARMERS MUTUAL TEL. CO.-NORA SPRINGS](#)

Signature of authorized officer or employee: [Melanie Johanns](#)

Digitally signed by Melanie Johanns DN:cn=Melanie Johanns,email=mjohanns@omnitel.biz,O=farmers mutual tel. co.-nora springs,l=Nora Springs IA 50458-0518, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Melanie Johanns](#)

Title or position of authorized officer or employee: [Director of Accounting](#)

Telephone number of authorized officer or employee: [641-749-2531](#)

Study Area Code of  
Reporting Carrier:

[351172](#)

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

[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [FARMERS MUTUAL TEL. COOP.-SHELLSBURG](#)

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 52332-0438, Date:3/21/2024

Date: [3/21/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [FARMERS TEL. CO.-RICEVILLE](#)Signature of authorized officer or employee: [Melanie Johanns](#)

Digitally signed by Melanie Johanns DN:cn=Melanie Johanns,email=mjohanns@omnitel.biz,O=farmers tel. co.-riceville,|Nora Springs IA 50458-0518, Date:3/18/2024

Date: [3/18/2024](#).Printed name of authorized officer or employee: [Melanie Johanns](#)Title or position of authorized officer or employee: [Director of Accounting](#)Telephone number of authorized officer or employee: [641-749-2531](#)Study Area Code of  
Reporting Carrier:[351177](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Levi Bappe](#)

Title or position of authorized officer or employee: [General Manager/Executive Vice President](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [IAMO COMMUNICATIONS, INC.-IA](#)

Signature of authorized officer or employee: [Tim Toepfer](#)

Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=tttoepfer@iamo.tel,O=iamo communications, inc.-ia,lc=Coin IA 51636, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Tim Toepfer](#)

Title or position of authorized officer or employee: [CEO & General Manager](#)

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [FMTC-I35, INC.](#)Signature of authorized officer or employee: [Melanie Johanns](#)

Digitally signed by Melanie Johanns DN:cn=Melanie Johanns,email=mjohanns@omnitel.biz,O=fmtc-i35, inc.,l=Nora Springs IA 50458-0518, Date:3/18/2024

Date: [3/18/2024](#).Printed name of authorized officer or employee: [Melanie Johanns](#)Title or position of authorized officer or employee: [Director of Accounting](#)Telephone number of authorized officer or employee: [641-749-2531](#)Study Area Code of  
Reporting Carrier:[351209](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/21/2024

Date: [3/21/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [KEYSTONE FRMS. COOP. TEL. CO.](#)Signature of authorized officer or employee: [Mitch Kuhn](#)

Digitally signed by Mitch Kuhn DN:cn=Mitch Kuhn,email=mkuhn@keystonecommunications.com,O=keystone frms. coop. tel. co.,l=Keystone IA 52249, Date:3/15/2024

Date: [3/15/2024](#).Printed name of authorized officer or employee: [Mitch Kuhn](#)Title or position of authorized officer or employee: [General Manager](#)Telephone number of authorized officer or employee: [319-981-1274](#)Study Area Code of  
Reporting Carrier:[351217](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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@alpinecom.net,O=la porte city tel. co.,l=Elkader IA 52043, Date:3/15/2024

Date: [3/15/2024](#).

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:

[351220](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [OGDEN TEL. CO.-IA](#)Signature of authorized officer or employee: [James R Heckman](#)

Digitally signed by James R Heckman DN:cn=James R Heckman,email=jheckman@ogdentc.com,O=ogden tel. co.-ia,l=Ogden IA 50212, Date:3/18/2024

Date: [3/18/2024](#).Printed name of authorized officer or employee: [James R 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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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,|Palo IA 52324, Date:3/19/2024

Date: [3/19/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [PRAIRIEBURG TEL. CO., INC.](#)

Signature of authorized officer or employee: [Misti Lindner](#)

Digitally signed by Misti Lindner DN:cn=Misti Lindner,email=misti.lindner@hilliary.com,O=prairieburg tel. co., inc.,l=Lawton OK 73507, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Misti Lindner](#)

Title or position of authorized officer or employee: [Regulatory Compliance Manager](#)

Telephone number of authorized officer or employee: [580-529-5000](#)

Study Area Code of  
Reporting Carrier:

[351275](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/15/2024

Date: [3/15/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/19/2024

Date: [3/19/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [SHARON TEL. CO.](#)

Signature of authorized officer or employee: [Scott A Havel](#)

Digitally signed by Scott A Havel DN:cn=Scott A Havel,email=sharontc@sharontc.net,O=sharon tel. co.,l=Hills IA 52235, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Scott A 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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [FMTC-I35, INC. \(SWT\)](#)Signature of authorized officer or employee: [Melanie Johanns](#)

Digitally signed by Melanie Johanns DN:cn=Melanie Johanns,email=mjohanns@omnitel.biz,O=fmtc-i35, inc. (swt),l=Nora Springs IA 50458-0518, Date:3/18/2024

Date: [3/18/2024](#).Printed name of authorized officer or employee: [Melanie Johanns](#)Title or position of authorized officer or employee: [Director of Accounting](#)Telephone number of authorized officer or employee: [641-749-2531](#)Study Area Code of  
Reporting Carrier:[351301](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/22/2024Date: [3/22/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=Everly IA 51338, Date:3/24/2024

Date: [3/24/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [VAN HORNE COOP. TEL. CO.](#)Signature of authorized officer or employee: [Kristyn Frazier](#)

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:3/15/2024

Date: [3/15/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [WELLMAN COOP. TEL. ASSN.](#)Signature of authorized officer or employee: [Dion S. Schminke](#)

Digitally signed by Dion S. Schminke DN:cn=Dion S. Schminke, email=dion.s@wellmantelephone.com, O=wellman coop. tel. assn., l=Wellman IA 52356, Date:3/18/2024

Date: [3/18/2024](#).Printed name of authorized officer or employee: [Dion S. 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)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [WEST LIBERTY TEL. CO.](#)Signature of authorized officer or employee: [Vicki Hall](#)

Digitally signed by Vicki Hall DN:cn=Vicki Hall,email=hall@corp.lcom.net,O=west liberty tel. co.,l=West Liberty IA 52776, Date:3/22/2024

Date: [3/22/2024](#).Printed name of authorized officer or employee: [Vicki Hall](#)Title or position of authorized officer or employee: [Financial Controller](#)Telephone number of authorized officer or employee: [319-627-0226](#)Study Area Code of  
Reporting Carrier:[351332](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [ACE TEL. ASSN.-MN](#)Signature of authorized officer or employee: [Cynthia Sweet](#)

Digitally signed by Cynthia Sweet DN:cn=Cynthia Sweet,email=csweet@acentek.net,O=ace tel. assn.-mn,l=Houston MN 55943-0360, Date:3/21/2024

Date: [3/21/2024](#).Printed name of authorized officer or employee: [Cynthia Sweet](#)Title or position of authorized officer or employee: [Controller](#)Telephone number of authorized officer or employee: [507-896-6211](#)Study Area Code of  
Reporting Carrier:[361346](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [SCOTT RICE TELEPHONE COMPANY](#)

Signature of authorized officer or employee: [Curt Kawlewski](#)

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtiskawlewski@nuvera.net,O=scott rice telephone company,l=New Ulm MN 56073, Date:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [COZAD TELEPHONE COMPANY](#)Signature of authorized officer or employee: [Marcus D. Young](#)

Digitally signed by Marcus D. Young DN:cn=Marcus D. Young,email=myoung.ctc@cozadtel.net,O=cozad telephone company,l=Cozad NE 69130, Date:3/25/2024

Date: [3/25/2024](#).Printed name of authorized officer or employee: [Marcus D. 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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [GLENWOOD TELEPHONE MEMBERSHIP CORP.](#)

Signature of authorized officer or employee: [Stanley Rouse](#)

Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=stanr@glenwoodtelco.net,O=glenwood telephone membership corp.,l=Blue Hill NE 68930, Date:3/19/2024

Date: [3/19/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [HARTINGTON TELECOMMUNICATIONS CO., INC.](#)

Signature of authorized officer or employee: [Lois Lammers](#)

Digitally signed by Lois Lammers DN:cn=Lois Lammers,email=loislammers@hartel.net,O=hartington telecommunications co., inc.,l=Hartington NE 68739, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Lois Lammers](#)

Title or position of authorized officer or employee: [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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/15/2024

Date: [3/15/2024](#).

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)

[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [HENDERSON CO-OP TELEPHONE COMPANY](#)Signature of authorized officer or employee: [Jeremiah Duerksen](#)

Digitally signed by Jeremiah Duerksen DN:cn=Jeremiah Duerksen,email=jeremiah@mainstaycomm.com,O=henderson co-op telephone company,l=Henderson NE 681371, Date:3/20/2024

Date: [3/20/2024](#).Printed name of authorized officer or employee: [Jeremiah Duerksen](#)Title or position of authorized officer or employee: [General Manager](#)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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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,|Hershey NE 69143, Date:3/19/2024

Date: [3/19/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [GLENWOOD NETWORK SERVICES, INC.](#)

Signature of authorized officer or employee: [Stanley Rouse](#)

Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=stanr@glenwoodtelco.net,O=glenwood network services, inc.,l=Blue Hill NE 68930, Date:3/19/2024

Date: [3/19/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [PLAINVIEW TELEPHONE COMPANY INC.](#)

Signature of authorized officer or employee: [Grant Dummer](#)

Digitally signed by Grant Dummer DN:cn=Grant Dummer,email=gddummer@plvwtelco.net,O=plainview telephone company inc.,l=Plainview NE 68769-0117, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Grant Dummer](#)

Title or position of authorized officer or employee: [General Manager](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [STANTON TELECOM INC.](#)

Signature of authorized officer or employee: [Nicholas Kelly Paden](#)

Digitally signed by Nicholas Kelly Paden DN:cn=Nicholas Kelly Paden,email=npaden@stanton.net,O=stanton telecom inc.,I=Stanton NE 68779, Date:3/19/2024

Date: [3/19/2024](#).

Printed name of authorized officer or employee: [Nicholas Kelly 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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CONSOLIDATED TELCOM](#)

Signature of authorized officer or employee: [Sarah Haich](#)

Digitally signed by Sarah Haich DN:cn=Sarah Haich,email=sarah@consolidatednd.com,O=consolidated telcom,I=Dickinson ND 58601, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Sarah Haich](#)

Title or position of authorized officer or employee: [Chief Financial Officer](#)

Telephone number of authorized officer or employee: [701-456-5220](#)

Study Area Code of  
Reporting Carrier:

[381607](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [MIDSTATE TELEPHONE COMPANY](#)

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:3/21/2024

Date: [3/21/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=Ray ND 58849, Date:3/19/2024

Date: [3/19/2024](#).

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)

[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [RESERVATION TELEPHONE COOPERATIVE](#)

Signature of authorized officer or employee: [Shane Hart](#)

Digitally signed by Shane Hart DN:cn=Shane Hart,email=shaneh@rtc.email,O=reservation telephone cooperative,l=Parshall ND 58770-0068, Date:3/21/2024

Date: [3/21/2024](#).

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:

[381632](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [WEST RIVER TELECOMMUNICATIONS COOPERATIVE](#)

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:3/14/2024

Date: [3/14/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [MIDSTATE COMMUNICATIONS INC.](#)

Signature of authorized officer or employee: [Shane Hart](#)

Digitally signed by Shane Hart DN:cn=Shane Hart,email=shaneh@rtc.email,O=midstate communications inc.,l=Parshall ND 58770-0068, Date:3/21/2024

Date: [3/21/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [SRT COMMUNICATIONS, INC.](#)Signature of authorized officer or employee: [Jesse Ketteman](#)

Digitally signed by Jesse Ketteman DN:cn=Jesse Ketteman,email=jessefk@srtel.com,O=srt communications, inc.,l=Minot ND 58702-2027, Date:3/21/2024

Date: [3/21/2024](#).Printed name of authorized officer or employee: [Jesse Ketteman](#)Title or position of authorized officer or employee: [Regulatory Manager](#)Telephone number of authorized officer or employee: [701-838-9750](#)Study Area Code of  
Reporting Carrier:[383303](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=Beresford SD 57004, Date:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CITY OF BROOKINGS MUNICIPAL TEL. DEPT.](#)

Signature of authorized officer or employee: [Laura Julius](#)

Digitally signed by Laura Julius DN:cn=Laura Julius,email=ljulius@swiftel-bmu.com,O=city of brookings municipal tel. dept.,l=Brookings SD 57006, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [Laura Julius](#)

Title or position of authorized officer or employee: [Financial & IT Manager](#)

Telephone number of authorized officer or employee: [605-692-6325](#)

Study Area Code of  
Reporting Carrier:

[391650](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=faihth@faihthsd.com,O=city of faith municipal tel co,I=faihth SD 57626-0368, Date:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [JEFFERSON TELEPHONE COMPANY - SD](#)Signature of authorized officer or employee: [Nicole Kroll](#)

Digitally signed by Nicole Kroll DN:cn=Nicole Kroll,email=nicole.kroll@longlines.biz,O=jefferson telephone company - sd,l=Sergeant Bluffs IA 51054, Date:3/18/2024

Date: [3/18/2024](#).Printed name of authorized officer or employee: [Nicole Kroll](#)Title or position of authorized officer or employee: [Accounting Manager](#)Telephone number of authorized officer or employee: [712-271-5576](#)Study Area Code of  
Reporting Carrier:[391666](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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.net,O=kennebec telephone  
company,l=Kennebec SD 57544, Date:3/15/2024Date: [3/15/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [WEST RIVER TELECOMMUNICATIONS COOP.\(MOBRIDGE\)](#)

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 coop.(mobridge),l=Hazen ND 58545, Date:3/14/2024

Date: [3/14/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [RC TECHNOLOGIES](#)

Signature of authorized officer or employee: [Robin Thoreson](#)

Digitally signed by Robin Thoreson DN:cn=Robin Thoreson,email=rthoreson@rctechteam.com,O=rc technologies,l=New Effington SD 57255-0197, Date:3/19/2024

Date: [3/19/2024](#).

Printed name of authorized officer or employee: [Robin Thoreson](#)

Title or position of authorized officer or employee: [Accounting Manager](#)

Telephone number of authorized officer or employee: [605-637-5211](#)

Study Area Code of  
Reporting Carrier:

[391674](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [SANTEL COMMUNICATIONS COOPERATIVE, INC.](#)

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:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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: 3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CLEVELAND CTY TEL. CO.](#)

Signature of authorized officer or employee: [Jeremy Parrucci](#)

Digitally signed by Jeremy Parrucci DN:cn=Jeremy Parrucci,email=jerehyp@rallynet.us,O=cleveland cty tel. co.,l=Farmington MN 55024, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Jeremy Parrucci](#)

Title or position of authorized officer or employee: [Regulatory Accountant](#)

Telephone number of authorized officer or employee: [952-594-0537](#)

Study Area Code of  
Reporting Carrier:

[401698](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [DECATUR TELEPHONE CO INC- ARKANSAS](#)

Signature of authorized officer or employee: [Jeremy Parrucci](#)

Digitally signed by Jeremy Parrucci DN:cn=Jeremy Parrucci,email=jerehyp@rallynet.us,O=decatur telephone co inc-arkansas,I=Farmington MN 55024, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Jeremy Parrucci](#)

Title or position of authorized officer or employee: [Regulatory Accountant](#)

Telephone number of authorized officer or employee: [952-594-0537](#)

Study Area Code of  
Reporting Carrier:

[401699](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/25/2024

Date: [3/25/2024](#).

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)

[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support**  
**Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

FCC Form 508  
OMB Control No. 3060-0986

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

<b>Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism Projected CAF-BLS Form on Behalf of Reporting Carrier</b>			
<p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p>			
Name of Authorized Agent <u>National Exchange Carrier Association, Inc.</u>			
Name of Reporting Carrier <u>Rice Belt Telephone Company Inc.</u>			
Signature of authorized officer or employee 			Date <u>3/26/2024</u>
Printed name of authorized officer or employee <u>Darby A. McCarty</u>			
Title or position of authorized officer or employee <u>President</u>			
Telephone number of authorized officer or employee: ( <u>812</u> ) <u>876</u> - <u>2211</u> , ext.			
Study Area Code of Reporting Carrier	<u>401721</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>3/31/2024</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.			

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [COUNCIL GROVE TEL. CO.](#)

Signature of authorized officer or employee: [Dale L. Jones](#)

Digitally signed by Dale L. Jones DN:cn=Dale L. Jones,email=djones@tctainc.net,O=council grove tel. co.,l=Council Grove KS 66846-0299, Date:3/19/2024

Date: [3/19/2024](#).

Printed name of authorized officer or employee: [Dale L. 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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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@ctcfiber.net,O=cunningham telephone co.  
inc.,l=Glen Elder KS 67446-0108, Date:3/15/2024Date: [3/15/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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.,l=Elkhart KS 67950, Date:3/22/2024

Date: [3/22/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [GOLDEN BELT TELEPHONE ASSN. INC.](#)Signature of authorized officer or employee: [Beau D. Rebel](#)

Digitally signed by Beau D. Rebel DN:cn=Beau D. Rebel,email=brebel@gbtlive.com,O=golden belt telephone assn. inc.,l=Rush Center KS 67575, Date:3/18/2024

Date: [3/18/2024](#).Printed name of authorized officer or employee: [Beau D. 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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=tonya.murphy@gorhamtelcom.com,O=gorham telephone company inc.,l=Gorham KS 67640-0235, Date:3/25/2024

Date: [3/25/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [HOME TELEPHONE COMPANY INC.](#)

Signature of authorized officer or employee: [Tina Anderson](#)

Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home telephone company inc.,l=Galva KS 67443, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Tina Anderson](#)

Title or position of authorized officer or employee: [Customer Acct & Billing Mgr/Secretary](#)

Telephone number of authorized officer or employee: [620-654-3381](#)

Study Area Code of  
Reporting Carrier:

[411782](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [KANOKLA TELEPHONE ASSOCIATION - KS](#)

Signature of authorized officer or employee: [Jill Kuehny](#)

Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ks,l=Caldwell KS 67022-0111, Date:3/19/2024

Date: [3/19/2024](#).

Printed name of authorized officer or employee: [Jill Kuehny](#)

Title or position of authorized officer or employee: [Chief Executive 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)

[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/15/2024

Date: [3/15/2024](#).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)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/19/2024Date: [3/19/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/21/2024

Date: [3/21/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism**  
**Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [PIONEER TELEPHONE ASSOCIATION INC.](#)

Signature of authorized officer or employee: [Catherine Moyer](#)

Digitally signed by Catherine Moyer DN:cn=Catherine Moyer,email=catherine.moyer@pioncomm.net,O=pioneer telephone association inc.,l=Ulysses KS 67880, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Catherine Moyer](#)

Title or position of authorized officer or employee: [CEO/General Manager](#)

Telephone number of authorized officer or employee: [620-356-7133](#)

Study Area Code of Reporting Carrier:

[411817](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CRAW-KAN TELEPHONE COOP INC- KS](#)

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,lc=Girard KS 66743-0100, Date:3/15/2024

Date: [3/15/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/19/2024

Date: [3/19/2024](#).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)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [S & T TEL. COOP. ASSN.](#)Signature of authorized officer or employee: [Christina Hickert](#)

Digitally signed by Christina Hickert DN:cn=Christina Hickert,email=christina.hickert@sttelcom.com,O=s &amp; t tel. coop. assn.,l=Brewster KS 67732, Date:3/25/2024

Date: [3/25/2024](#).Printed name of authorized officer or employee: [Christina Hickert](#)Title or position of authorized officer or employee: [CFO](#)Telephone number of authorized officer or employee: [256-694-2256](#)Study Area Code of  
Reporting Carrier:[411827](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [SOUTH CENTRAL TEL. ASSN. INC.-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=Medicine Lodge KS 67104, Date:3/19/2024

Date: [3/19/2024](#).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)[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [SOUTHERN KANSAS TEL. CO.,INC.](#)Signature of authorized officer or employee: [William R. McVey](#)

Digitally signed by William R. McVey DN:cn=William R. McVey,email=bill@sktc.net,O=southern kansas tel. co.,inc.,l=Clearwater KS 67026-0800, Date:3/25/2024

Date: [3/25/2024](#).Printed name of authorized officer or employee: [William R. McVey](#)Title or position of authorized officer or employee: [Chief Operations Officer](#)Telephone number of authorized officer or employee: [620-584-8337](#)Study Area Code of  
Reporting Carrier:[411833](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [TRI-COUNTY TEL. ASSN. INC.-KS](#)

Signature of authorized officer or employee: [Dale L. Jones](#)

Digitally signed by Dale L. Jones DN:cn=Dale L. Jones,email=djones@tctainc.net,O=tri-county tel. assn. inc.-ks,l=Council Grove KS 66846-0299, Date:3/19/2024

Date: [3/19/2024](#).

Printed name of authorized officer or employee: [Dale L. 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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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, Date:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/15/2024

Date: [3/15/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [IAMO COMMUNICATIONS, INC.-MO](#)

Signature of authorized officer or employee: [Tim Toepfer](#)

Digitally signed by Tim Toepfer DN:cn=Tim Toepfer,email=tttoepfer@iamo.tel,O=iamo communications, inc.-mo,|Coin IA 51636, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Tim Toepfer](#)

Title or position of authorized officer or employee: [CEO & General Manager](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [Ozark Telephone Company](#)

Signature of authorized officer or employee: [Jeremy Parrucci](#)

Digitally signed by Jeremy Parrucci DN:cn=Jeremy Parrucci,email=jeremyp@rallynet.us,O=ozark telephone company,l=Farmington MN 55024, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Jeremy Parrucci](#)

Title or position of authorized officer or employee: [Regulatory Accountant](#)

Telephone number of authorized officer or employee: [952-594-0537](#)

Study Area Code of  
Reporting Carrier:

[421866](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [FARBER TELEPHONE COMPANY](#)

Signature of authorized officer or employee: [Carrie Jungwirth](#)

Digitally signed by Carrie Jungwirth DN:cn=Carrie Jungwirth,email=carriej@rallynet.us,O=farber telephone company,l=Mt. Vernon OR 97865, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Carrie Jungwirth](#)

Title or position of authorized officer or employee: [Regulatory Accountant](#)

Telephone number of authorized officer or employee: [541-932-4411](#)

Study Area Code of  
Reporting Carrier:

[421876](#)

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

[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [GOODMAN TEL. CO.](#)

Signature of authorized officer or employee: [Jeremy Parrucci](#)

Digitally signed by Jeremy Parrucci DN:cn=Jeremy Parrucci,email=jerehyp@rallynet.us,O=goodman tel. co.,l=Farmington MN 55024, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Jeremy Parrucci](#)

Title or position of authorized officer or employee: [Regulatory Accountant](#)

Telephone number of authorized officer or employee: [952-594-0537](#)

Study Area Code of  
Reporting Carrier:

[421886](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [GRANBY TEL CO - MISSOURI](#)

Signature of authorized officer or employee: [Cheri M. Johnson](#)

Digitally signed by Cheri M. Johnson DN:cn=Cheri M. Johnson,email=cheri@jscomm.net,O=granby tel co - missouri,l=Granby MO 64844, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Cheri M. 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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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=genmgr@nemr.net,O=northeast missouri rural tel. co.,l=Green City MO 63545-0098, Date:3/19/2024

Date: [3/19/2024](#).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: [660-874-5177](#)Study Area Code of  
Reporting Carrier:[421931](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [SENECA TEL. CO.](#)

Signature of authorized officer or employee: [Jeremy Parrucci](#)

Digitally signed by Jeremy Parrucci DN:cn=Jeremy Parrucci,email=jeremyp@rallynet.us,O=seneca tel. co.,l=Farmington MN 55024, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Jeremy Parrucci](#)

Title or position of authorized officer or employee: [Regulatory Accountant](#)

Telephone number of authorized officer or employee: [952-594-0537](#)

Study Area Code of  
Reporting Carrier:

[421945](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [KANOKLA TELEPHONE ASSOCIATION - OK](#)Signature of authorized officer or employee: [Jill Kuehny](#)

Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla telephone association - ok,l=Caldwell KS 67022-0111, Date:3/19/2024

Date: [3/19/2024](#).Printed name of authorized officer or employee: [Jill Kuehny](#)Title or position of authorized officer or employee: [Chief Executive 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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism**  
**Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [SOUTH CENTRAL TEL. ASSN., INC.-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.-ok,l=Medicine Lodge KS 67104, Date:3/19/2024

Date: [3/19/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [BEGGS TELEPHONE COMPANY](#)

Signature of authorized officer or employee: [Kay H. Mount](#)

Digitally signed by Kay H. Mount DN:cn=Kay H. Mount,email=staff@beggstelco.net,O=beggs telephone company,l=Beggs OK 74421-0749, Date:3/15/2024

Date: [3/15/2024](#).

Printed name of authorized officer or employee: [Kay H. 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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CANADIAN VALLEY TELEPHONE CO.](#)

Signature of authorized officer or employee: [Misty Souther](#)

Digitally signed by Misty Souther DN:cn=Misty Souther,email=msouther@cvok.net,O=canadian valley telephone co.,l=Crowder OK 74430, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Misty Souther](#)

Title or position of authorized officer or employee: [Office Manager](#)

Telephone number of authorized officer or employee: [918-334-3700](#)

Study Area Code of  
Reporting Carrier:

[431974](#)

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

[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/25/2024

Date: [3/25/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CHICKASAW TELEPHONE CO.](#)

Signature of authorized officer or employee: [Larry D. Jones](#)

Digitally signed by Larry D. Jones DN:cn=Larry D. Jones,email=larry@chickasawphone.net,O=chickasaw telephone co.,l=Sulphur OK 73086-0460, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Larry D. 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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/26/2024

Date: [3/26/2024](#).

Printed name of authorized officer or employee: [Jason Anderson](#)

Title or position of authorized officer or employee: [General Manager/Vice President/Controllor](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [PANHANDLE TELEPHONE COOPERATIVE INC.](#)

Signature of authorized officer or employee: [Kelley Wells](#)

Digitally signed by Kelley Wells DN:cn=Kelley Wells,email=kelly.wells@ptci.net,O=panhandle telephone cooperative inc.,l=Guymon OK 73942, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [Kelley Wells](#)

Title or position of authorized officer or employee: [Director of Regulatory Affairs](#)

Telephone number of authorized officer or employee: [580-468-2179](#)

Study Area Code of  
Reporting Carrier:

[432016](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [PINE TELEPHONE CO INC- OK](#)

Signature of authorized officer or employee: [Jane Merz](#)

Digitally signed by Jane Merz DN:cn=Jane Merz,email=jane@pinetelephone.com,O=pine telephone co inc-ok,lc=Broken Bow OK 74728, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Jane Merz](#)

Title or position of authorized officer or employee: [Accounting Supervisor](#)

Telephone number of authorized officer or employee: [580-584-3100](#)

Study Area Code of  
Reporting Carrier:

[432017](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [KANOKLA SHIDLER, LLC](#)

Signature of authorized officer or employee: [Jill Kuehny](#)

Digitally signed by Jill Kuehny DN:cn=Jill Kuehny,email=jkuehny@kanokla.com,O=kanokla shidler, llc,l=Caldwell KS 67022-0111, Date:3/19/2024

Date: [3/19/2024](#).

Printed name of authorized officer or employee: [Jill Kuehny](#)

Title or position of authorized officer or employee: [Chief Executive 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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [TOTAH COMMUNICATIONS, INC.](#)

Signature of authorized officer or employee: [Carolyn Campbell](#)

Digitally signed by Carolyn Campbell DN:cn=Carolyn Campbell,email=carolyn@totahcomm.com,O=totah communications,inc.,l=Ochelata OK 74051-0300, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Carolyn Campbell](#)

Title or position of authorized officer or employee: [Controller](#)

Telephone number of authorized officer or employee: [918-535-2774](#)

Study Area Code of  
Reporting Carrier:

[432030](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [WYANDOTTE TELEPHONE COMPANY](#)

Signature of authorized officer or employee: [Jeremy Parrucci](#)

Digitally signed by Jeremy Parrucci DN:cn=Jeremy Parrucci,email=jerehyp@rallynet.us,O=wyandotte telephone company,l=Farmington MN 55024, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Jeremy Parrucci](#)

Title or position of authorized officer or employee: [Regulatory Accountant](#)

Telephone number of authorized officer or employee: [952-594-0537](#)

Study Area Code of  
Reporting Carrier:

[432034](#)

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

[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism**  
**Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [BLOSSOM TELEPHONE COMPANY](#)

Signature of authorized officer or employee: [Kelly Dorries](#)

Digitally signed by Kelly Dorries DN:cn=Kelly Dorries,email=kelly@blossomtel.net,O=blossom telephone company,l=Blossom TX 75416, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Kelly Dorries](#)

Title or position of authorized officer or employee: [Vice 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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [BRAZORIA TEL. CO.](#)

Signature of authorized officer or employee: [Jason Tracy](#)

Digitally signed by Jason Tracy DN:cn=Jason  
Tracy,email=jasont@btel.com,O=brazoria tel. co.,l=Brazoria TX  
77422, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [Jason Tracy](#)

Title or position of authorized officer or employee: [Vice President/Financial Controller](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [COMMUNITY TELEPHONE COMPANY, INC.](#)

Signature of authorized officer or employee: [Jenny Barton](#)

Digitally signed by Jenny Barton DN:cn=Jenny Barton,email=jennybarton@comcell.net,O=community telephone company, inc.,l=Windthorst TX 76389, Date:3/26/2024

Date: [3/26/2024](#).

Printed name of authorized officer or employee: [Jenny Barton](#)

Title or position of authorized officer or employee: [Bookkeeper](#)

Telephone number of authorized officer or employee: [940-423-6201](#)

Study Area Code of  
Reporting Carrier:

[442061](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [DELL TELEPHONE CO-OP. INC. - TX](#)Signature of authorized officer or employee: [J Ruben Martinez](#)

Digitally signed by J Ruben Martinez DN:cn=J Ruben Martinez, email=Ruben@delltelco.com, O=dell telephone co-op. inc. - tx, l=Dell City TX 79837, Date:3/20/2024

Date: [3/20/2024](#).Printed name of authorized officer or employee: [J Ruben 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)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [EASTEX TELEPHONE COOPERATIVE INC.](#)Signature of authorized officer or employee: [Mayburn Greening](#)

Digitally signed by Mayburn Greening DN:cn=Mayburn Greening,email=mayburn@eastex.com,O=eastex telephone cooperative inc.,l=Henderson TX 75654, Date:3/25/2024

Date: [3/25/2024](#).Printed name of authorized officer or employee: [Mayburn Greening](#)Title or position of authorized officer or employee: [Chief Financial Officer](#)Telephone number of authorized officer or employee: [903-854-1143](#)Study Area Code of  
Reporting Carrier:[442068](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [ELECTRA TELEPHONE COMPANY, INC.](#)Signature of authorized officer or employee: [Misti Lindner](#)

Digitally signed by Misti Lindner DN:cn=Misti Lindner,email=misti.lindner@hilliary.com,O=electra telephone company, inc.,l=Lawton OK 73507, Date:3/25/2024

Date: [3/25/2024](#).Printed name of authorized officer or employee: [Misti Lindner](#)Title or position of authorized officer or employee: [Regulatory Compliance Manager](#)Telephone number of authorized officer or employee: [580-529-5000](#)Study Area Code of  
Reporting Carrier:[442069](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism**  
**Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [BORDER TO BORDER COMMUNICATIONS](#)

Signature of authorized officer or employee: [Misti Lindner](#)

Digitally signed by Misti Lindner DN:cn=Misti Lindner,email=misti.lindner@hilliary.com,O=border to border communications,l=Lawton OK 73507, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Misti Lindner](#)

Title or position of authorized officer or employee: [Regulatory Compliance Manager](#)

Telephone number of authorized officer or employee: [580-529-5000](#)

Study Area Code of Reporting Carrier:

[442073](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [GUADALUPE VALLEY TEL CO-OP. INC.](#)

Signature of authorized officer or employee: [Kory Wilson](#)

Digitally signed by Kory Wilson DN:cn=Kory Wilson,email=kory.wilson@gvtc.net,O=guadalupe valley tel co-op. inc.,l=New Braunfels, TX 78130 TX 78130, Date:3/21/2024

Date: [3/21/2024](#).

Printed name of authorized officer or employee: [Kory Wilson](#)

Title or position of authorized officer or employee: [Regulatory Manager](#)

Telephone number of authorized officer or employee: [830-885-8278](#)

Study Area Code of  
Reporting Carrier:

[442083](#)

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

[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [ETS TELEPHONE COMPANY, 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.,l=Houston TX 77042, Date:3/20/2024

Date: [3/20/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism**  
**Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [LAKE LIVINGSTON TEL. CO.](#)Signature of authorized officer or employee: [William H Whitten](#)

Digitally signed by William H Whitten DN:cn=William H Whitten,email=hubw@livingston.net,O=lake livingston tel. co.,l=Livingston TX 77351, Date:3/14/2024

Date: [3/14/2024](#).Printed name of authorized officer or employee: [William H 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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/21/2024

Date: [3/21/2024](#).

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)

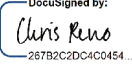
[03/31/2024](#)

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.

FCC Form 508  
Connect America Fund Broadband Loop Support  
Mechanism  
Projected Annual Common Line Revenue Requirement Form

FCC Form 508  
OMB Control No. 3060-0986

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism Projected CAF-BLS Form on Behalf of Reporting Carrier				
I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).				
Name of Authorized Agent <b>National Exchange Carrier Association, Inc.</b>				
Name of Reporting Carrier <b>Livingston Telephone Company</b>				
Signature of authorized officer or employee 			Date <b>3/26/2024</b>	
Printed name of authorized officer or employee <b>Chris Reno</b>				
Title or position of authorized officer or employee <b>Vice President-Controller</b>				
Telephone number of authorized officer or employee: ( <b>307</b> ) <b>600</b> - <b>0000</b> , ext.				
Study Area Code of Reporting Carrier		<b>442107</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>3/31/2024</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [MUNSTER TEL. CORP. OF TX DBA NORTEX COMM.](#)

Signature of authorized officer or employee: [Tracy Machado](#)

Digitally signed by Tracy Machado DN:cn=Tracy Machado,email=tmachado@nortex.com,O=muenster tel. corp. of tx dba nortex comm.,l=Muenster TX 76252, Date:3/15/2024

Date: [3/15/2024](#).

Printed name of authorized officer or employee: [Tracy Machado](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [SOUTHWEST TEXAS TELEPHONE COMPANY](#)

Signature of authorized officer or employee: [Todd Wilson](#)

Digitally signed by Todd Wilson DN:cn=Todd Wilson,email=todd@swtexas.com,O=southwest texas telephone company,l=Rocksprings TX 78880, Date:3/22/2024

Date: [3/22/2024](#).

Printed name of authorized officer or employee: [Todd Wilson](#)

Title or position of authorized officer or employee: [General Manager](#)

Telephone number of authorized officer or employee: [830-683-1939](#)

Study Area Code of  
Reporting Carrier:

[442135](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [TATUM TEL. CO.](#)Signature of authorized officer or employee: [Misti Lindner](#)Digitally signed by Misti Lindner DN:cn=Misti  
Lindner,email=misti.lindner@hilliary.com,O=tatum tel. co.,l=Lawton  
OK 73507, Date:3/25/2024Date: [3/25/2024](#).Printed name of authorized officer or employee: [Misti Lindner](#)Title or position of authorized officer or employee: [Regulatory Compliance Manager](#)Telephone number of authorized officer or employee: [580-529-5000](#)Study Area Code of  
Reporting Carrier:[442150](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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.,I=Peridot AZ 85542, Date:3/20/2024

Date: [3/20/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [GILA RIVER TELECOMMUNICATIONS, INC.](#)Signature of authorized officer or employee: [Craig Baumgartner](#)

Digitally signed by Craig Baumgartner DN:cn=Craig Baumgartner, email=cbaumgartner@gilarivertel.com, O=gila river telecommunications, inc., l=Chandler AZ 85226, Date:3/20/2024

Date: [3/20/2024](#).Printed name of authorized officer or employee: [Craig Baumgartner](#)Title or position of authorized officer or employee: [Chief Financial Officer](#)Telephone number of authorized officer or employee: [520-610-1862](#)Study Area Code of  
Reporting Carrier:[452179](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [MIDVALE TELEPHONE EXCHANGE, INC.-ARIZONA](#)Signature of authorized officer or employee: [Nick Ryneerson](#)

Digitally signed by Nick Ryneerson DN:cn=Nick Ryneerson,email=nick.ryneerson@mtecom.com,O=midvale telephone exchange, inc.-arizona,l=Midvale ID 83645, Date:3/19/2024

Date: [3/19/2024](#).Printed name of authorized officer or employee: [Nick Ryneerson](#)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)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [ALBION TEL. CO. D/B/A ATC COMMUNICATIONS](#)Signature of authorized officer or employee: [Kyle Bradshaw](#)

Digitally signed by Kyle Bradshaw DN:cn=Kyle Bradshaw,email=kbradshaw@atccomm.com,O=albion tel. co. d/b/a atc communications,l=Albion ID 83311, Date:3/22/2024

Date: [3/22/2024](#).Printed name of authorized officer or employee: [Kyle Bradshaw](#)Title or position of authorized officer or employee: [General Manager](#)Telephone number of authorized officer or employee: [208-673-2401](#)Study Area Code of  
Reporting Carrier:[472213](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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@custertel.com,O=custer tel. cooperative inc.,l=Challis ID 83226, Date:3/21/2024

Date: [3/21/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [FARMERS MUTUAL TEL CO LTD. - ID](#)

Signature of authorized officer or employee: [Ronald A Rembelski](#)

Digitally signed by Ronald A Rembelski DN:cn=Ronald A Rembelski,email=ron.r@fmtc.com,O=farmers mutual tel co ltd. - id,lc=Fruitland ID 83619, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Ronald A 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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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 tel. exch. inc.,l=Midvale ID 83645, Date:3/19/2024

Date: [3/19/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [DIRECT COMMUNICATIONS ROCKLAND, INC.](#)

Signature of authorized officer or employee: [Tim Roth](#)

Digitally signed by Tim Roth DN:cn=Tim Roth,email=troth@directcom.com,O=direct communications rockland, inc.,l=Rockland ID 83271, Date:3/19/2024

Date: [3/19/2024](#).

Printed name of authorized officer or employee: [Tim Roth](#)

Title or position of authorized officer or employee: [Analyst & Special Projects Manager](#)

Telephone number of authorized officer or employee: [208-945-8006](#)

Study Area Code of Reporting Carrier:

[472232](#)

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

[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [INTERBEL TEL. COOPERATIVE INC.](#)Signature of authorized officer or employee: [Kevin Hodik](#)

Digitally signed by Kevin Hodik DN:cn=Kevin Hodik,email=khodik@interbel.com,O=interbel tel. cooperative inc.,l=Eureka MT 59917, Date:3/25/2024

Date: [3/25/2024](#).Printed name of authorized officer or employee: [Kevin Hodik](#)Title or position of authorized officer or employee: [Chief Financial Officer](#)Telephone number of authorized officer or employee: [406-889-3311](#)Study Area Code of  
Reporting Carrier:[482242](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support**  
**Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

FCC Form 508  
OMB Control No. 3060-0986

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:**

<b>Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism Projected CAF-BLS Form on Behalf of Reporting Carrier</b>			
<p>I certify that <u>National Exchange Carrier Association, Inc. (NECA)</u> is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund-Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).</p>			
Name of Authorized Agent <b>National Exchange Carrier Association, Inc.</b>			
Name of Reporting Carrier <b>Mescalero Apache Telecom, Inc.</b>			
Signature of authorized officer or employee 			Date <b>03/20/2024</b>
Printed name of authorized officer or employee <b>Godfrey Enjady</b>			
Title or position of authorized officer or employee <b>General Manager</b>			
Telephone number of authorized officer or employee: ( 575 ) 464 - 4039 , ext. 221			
Study Area Code of Reporting Carrier	<b>491231</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>3/31/2024</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [DELL TELEPHONE CO-OP. INC.-NM](#)Signature of authorized officer or employee: [J Ruben Martinez](#)

Digitally signed by J Ruben Martinez DN:cn=J Ruben Martinez,email=Ruben@delltelco.com,O=dell telephone co-op. inc.-nm,l=Dell City TX 79837, Date:3/20/2024

Date: [3/20/2024](#).Printed name of authorized officer or employee: [J Ruben 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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [BACA VALLEY TEL. CO.](#)

Signature of authorized officer or employee: [Stephanie Osborn](#)

Digitally signed by Stephanie Osborn DN:cn=Stephanie Osborn,email=stephaniebvt@bacavalley.net,O=baca valley tel. co.,l=Des Moines NM 88418, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Stephanie Osborn](#)

Title or position of authorized officer or employee: [Supervisor](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [E.N.M.R. TEL COOP. INC.-NM](#)

Signature of authorized officer or employee: [Kim Johnson](#)

Digitally signed by Kim Johnson DN:cn=Kim Johnson,email=kimj@plateautel.com,O=e.n.m.r. tel coop. inc.-nm,l=Clovis NM 88101, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [Kim Johnson](#)

Title or position of authorized officer or employee: [CFO](#)

Telephone number of authorized officer or employee: [575-389-4207](#)

Study Area Code of  
Reporting Carrier:

[492262](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism**  
**Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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., l=Hobbs NM 88240, Date:3/18/2024

Date: [3/18/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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@tbtc.net,O=tularosa basin telephone company, inc.,l=Tularosa NM 88352, Date:3/26/2024

Date: [3/26/2024](#).

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)

[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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.,l=Artesia NM 88210, Date:3/20/2024

Date: [3/20/2024](#).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)[03/31/2024](#)

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.



**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [EMERY TELEPHONE dba EMERY TELCOM](#)

Signature of authorized officer or employee: [Jake Frandsen](#)

Digitally signed by Jake Frandsen DN:cn=Jake Frandsen,email=jfrandsen@emerytelcom.com,O=emery telephone dba emery telcom,l=Orangeville UT 84537, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [Jake Frandsen](#)

Title or position of authorized officer or employee: [Accountant](#)

Telephone number of authorized officer or employee: [435-748-3151](#)

Study Area Code of  
Reporting Carrier:

[502278](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism**  
**Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [MANTI TELEPHONE COMPANY](#)

Signature of authorized officer or employee: [Tami Hansen](#)

Digitally signed by Tami Hansen DN:cn=Tami Hansen,email=tami@mail.manti.com,O=manti telephone company,l=Manti UT 84642, Date:3/22/2024

Date: [3/22/2024](#).

Printed name of authorized officer or employee: [Tami Hansen](#)

Title or position of authorized officer or employee: [Chief Financial Officer](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [SOUTH CENTRAL UTAH TEL. ASSN. INC.](#)

Signature of authorized officer or employee: [Annette Ormond](#)

Digitally signed by Annette Ormond DN:cn=Annette Ormond,email=annetteo@socen.com,O=south central utah tel. assn. inc.,l= , Date:3/26/2024

Date: [3/26/2024](#).

Printed name of authorized officer or employee: [Annette Ormond](#)

Title or position of authorized officer or employee: [Accountant](#)

Telephone number of authorized officer or employee: [435-826-0248](#)

Study Area Code of  
Reporting Carrier:

[502286](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [TRI-COUNTY TEL. ASSN. INC.-WY](#)

Signature of authorized officer or employee: [Paula Riley](#)

Digitally signed by Paula Riley DN:cn=Paula Riley,email=paula.riley@tctstaff.com,O=tri-county tel. assn. inc.-wy,l=Basin WY 82410, Date:3/14/2024

Date: [3/14/2024](#).

Printed name of authorized officer or employee: [Paula Riley](#)

Title or position of authorized officer or employee: [Controller](#)

Telephone number of authorized officer or employee: [307-568-2427](#)

Study Area Code of  
Reporting Carrier:

[512296](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [SKYLINE TELECOM COMPANY](#)

Signature of authorized officer or employee: [Carrie Jungwirth](#)

Digitally signed by Carrie Jungwirth DN:cn=Carrie Jungwirth,email=carriej@rallynet.us,O=skyline telecom company,l=Mt. Vernon OR 97865, Date:3/18/2024

Date: [3/18/2024](#).

Printed name of authorized officer or employee: [Carrie Jungwirth](#)

Title or position of authorized officer or employee: [Regulatory Accountant](#)

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [HAT ISLAND TELEPHONE COMPANY](#)

Signature of authorized officer or employee: [Gary Ricketts](#)

Digitally signed by Gary Ricketts DN:cn=Gary Ricketts,email=Gary.ricketts@whidbeytel.com,O=hat island telephone company,l=Langley WA 98260, Date:3/25/2024

Date: [3/25/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [HOOD CANAL TELEPHONE COMPANY](#)

Signature of authorized officer or employee: [Richard F. Buechel](#)

Digitally signed by Richard F. Buechel DN:cn=Richard F. Buechel, email=rbuechel@hcc.net, O=hood canal telephone company, l=Union WA 98592, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Richard F. 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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [KALAMA TELEPHONE COMPANY](#)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:3/25/2024

Date: [3/25/2024](#).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)[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [MASHELL TELECOM INC.](#)Signature of authorized officer or employee: [Danielle Clausen](#)

Digitally signed by Danielle Clausen DN:cn=Danielle Clausen,email=danielle.clausen@rainierconnect.net,O=mashell telecom inc.,l=Eatonville WA 98328, Date:3/22/2024

Date: [3/22/2024](#).Printed name of authorized officer or employee: [Danielle Clausen](#)Title or position of authorized officer or employee: [Senior Vice President of Finance](#)Telephone number of authorized officer or employee: [360-832-4130](#)Study Area Code of  
Reporting Carrier:[522431](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [TENINO TEL. CO.](#)Signature of authorized officer or employee: [Rick Vitzthum](#)

Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino tel. co.,l=Tenino WA 98589, Date:3/25/2024

Date: [3/25/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [TOLEDO TELEPHONE COMPANY INC.](#)

Signature of authorized officer or employee: [Philip G. Cappalonga](#)

Digitally signed by Philip G. Cappalonga DN:cn=Philip G. Cappalonga,email=phil@toledotel.net,O=toledo telephone company inc.,l=Toledo WA 98591, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Philip G. 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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=Langley WA 98260, Date:3/25/2024

Date: [3/25/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [BEAVER CREEK COOPERATIVE TEL. CO.](#)

Signature of authorized officer or employee: [Nate Brentano](#)

Digitally signed by Nate Brentano DN:cn=Nate Brentano,email=nbrentano@CBSoregon.com,O=beaver creek cooperative tel. co.,l=Mt. Angel OR 97362, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Nate Brentano](#)

Title or position of authorized officer or employee: [Senior Accountant](#)

Telephone number of authorized officer or employee: [503-845-4435](#)

Study Area Code of  
Reporting Carrier:

[532359](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CANBY TELEPHONE ASSOCIATION](#)

Signature of authorized officer or employee: [Nate Brentano](#)

Digitally signed by Nate Brentano DN:cn=Nate Brentano,email=nbrentano@CBSoregon.com,O=canby telephone association,I=Mt. Angel OR 97362, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Nate Brentano](#)

Title or position of authorized officer or employee: [Senior Accountant](#)

Telephone number of authorized officer or employee: [503-845-4435](#)

Study Area Code of  
Reporting Carrier:

[532362](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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.,I=Oregon City OR 97045, Date:3/20/2024

Date: [3/20/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism**  
**Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/20/2024

Date: [3/20/2024](#).

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)

[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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:3/19/2024

Date: [3/19/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [GERVAIS TELEPHONE COMPANY DBA DATAVISION](#)

Signature of authorized officer or employee: [Todd Berning](#)

Digitally signed by Todd Berning DN:cn=Todd Berning,email=tberning@datavision.coop,O=gervais telephone company dba datavision,|Gervais OR 97026, Date:3/20/2024

Date: [3/20/2024](#).

Printed name of authorized officer or employee: [Todd Berning](#)

Title or position of authorized officer or employee: [President/General Manager](#)

Telephone number of authorized officer or employee: [503-792-4848](#)

Study Area Code of  
Reporting Carrier:

[532373](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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=Woodburn OR 97071, Date:3/20/2024

Date: [3/20/2024](#).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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [CANBY TELEPHONE ASSOCIATION \(MT. ANGEL\)](#)

Signature of authorized officer or employee: [Nate Brentano](#)

Digitally signed by Nate Brentano DN:cn=Nate Brentano,email=nbrentano@CBSoregon.com,O=canby telephone association (mt. angel),l=Mt. Angel OR 97362, Date:3/25/2024

Date: [3/25/2024](#).

Printed name of authorized officer or employee: [Nate Brentano](#)

Title or position of authorized officer or employee: [Senior Accountant](#)

Telephone number of authorized officer or employee: [503-845-4435](#)

Study Area Code of  
Reporting Carrier:

[532386](#)

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

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [NEHALEM TELECOMMUNICATIONS, INC. DBA NEHALEM](#)Signature of authorized officer or employee: [Tom Halvorson](#)

Digitally signed by Tom Halvorson DN:cn=Tom Halvorson,email=tom.halvorson@ruraltel.org,O=nehalem telecommunications, inc. dba nehalem,=Glenns Ferry ID 83623, Date:3/25/2024

Date: [3/25/2024](#).Printed name of authorized officer or employee: [Tom Halvorson](#)Title or position of authorized officer or employee: [Accountant](#)Telephone number of authorized officer or employee: [208-366-2614](#)Study Area Code of  
Reporting Carrier:[532387](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [E4-CONNECT](#)Signature of authorized officer or employee: [Randy Mead](#)

Digitally signed by Randy Mead DN:cn=Randy Mead,email=randy.mead@oiutelecom.net,O=e4-connect,I=Meridian ID 83642, Date:3/25/2024

Date: [3/25/2024](#).Printed name of authorized officer or employee: [Randy Mead](#)Title or position of authorized officer or employee: [General Manager](#)Telephone number of authorized officer or employee: [208-992-3080](#)Study Area Code of  
Reporting Carrier:[532390](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [PEOPLES TELEPHONE CO. - OR](#)

Signature of authorized officer or employee: [Erik Hoefer](#)

Digitally signed by Erik Hoefer DN:cn=Erik Hoefer,email=ehoefer@sctcweb.com,O=peoples telephone co. - or,l=Stayton OR 97383, Date:3/21/2024

Date: [3/21/2024](#).

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:

[532391](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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=ehoefer@sctcweb.com,O=stayton coop. tel co,l=Stayton OR 97383, Date:3/21/2024

Date: [3/21/2024](#).

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)

[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [CALAVERAS TELEPHONE COMPANY](#)Signature of authorized officer or employee: [Sara Yocum](#)

Digitally signed by Sara Yocum DN:cn=Sara Yocum,email=sara.yocum@caltelcorp.com,O=calaveras telephone company,lc=Copperopolis CA 95228, Date:3/20/2024

Date: [3/20/2024](#).Printed name of authorized officer or employee: [Sara Yocum](#)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)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [FORESTHILL TELEPHONE COMPANY DBA SEBASTIAN](#)

Signature of authorized officer or employee: [Jason Tikijian](#)

Digitally signed by Jason Tikijian DN:cn=Jason  
Tikijian,email=jtikijian@sebastiancorp.com,O=foresthill telephone  
company dba sebastian,l=Kerman CA 93630, Date:3/19/2024

Date: [3/19/2024](#).

Printed name of authorized officer or employee: [Jason Tikijian](#)

Title or position of authorized officer or employee: [Regulatory Manager](#)

Telephone number of authorized officer or employee: [559-846-4893](#)

Study Area Code of  
Reporting Carrier:

[542318](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [KERMAN TELEPHONE COMPANY DBA SEBASTIAN](#)

Signature of authorized officer or employee: [Jason Tikijian](#)

Digitally signed by Jason Tikijian DN:cn=Jason Tikijian,email=jtikijian@sebastiancorp.com,O=kerman telephone company dba sebastian,|Kerman CA 93630, Date:3/19/2024

Date: [3/19/2024](#).

Printed name of authorized officer or employee: [Jason Tikijian](#)

Title or position of authorized officer or employee: [Regulatory Manager](#)

Telephone number of authorized officer or employee: [559-846-4893](#)

Study Area Code of  
Reporting Carrier:

[542324](#)

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

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

Name of Reporting Carrier: [THE PONDEROSA TELEPHONE COMPANY](#)

Signature of authorized officer or employee: [Greg Andreas](#)

Digitally signed by Greg Andreas DN:cn=Greg Andreas,email=grega@ponderosatel.com,O=the ponderosa telephone company,l=O'Neals CA 93645, Date:3/25/2024

Date: [3/25/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [SIERRA TELEPHONE COMPANY, INC.](#)Signature of authorized officer or employee: [Robert Griffin](#)Digitally signed by Robert Griffin DN:cn=Robert  
Griffin,email=robertg@stcg.net,O=sierra telephone company, inc.,l= ,  
Date:3/21/2024Date: [3/21/2024](#).Printed name of authorized officer or employee: [Robert Griffin](#)Title or position of authorized officer or employee: [Vice President](#)Telephone number of authorized officer or employee: [559-642-1178](#)Study Area Code of  
Reporting Carrier:[542338](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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:3/15/2024

Date: [3/15/2024](#).

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)

[03/31/2024](#)

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.

**FCC Form 508**  
**Connect America Fund Broadband Loop Support Mechanism**  
**Projected Annual Common Line Revenue Requirement Form**

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

**Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier**

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)

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,l=Pine Grove CA 95665, Date:3/20/2024

Date: [3/20/2024](#).

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)

[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)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 89406, Date:3/25/2024

Date: [3/25/2024](#).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)[03/31/2024](#)

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.



## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [E4-CONNECT](#)Signature of authorized officer or employee: [Randy Mead](#)

Digitally signed by Randy Mead DN:cn=Randy Mead,email=randy.mead@oiutecom.net,O=e4-connect,I=Meridian ID 83642, Date:3/25/2024

Date: [3/25/2024](#).Printed name of authorized officer or employee: [Randy Mead](#)Title or position of authorized officer or employee: [General Manager](#)Telephone number of authorized officer or employee: [208-992-3080](#)Study Area Code of  
Reporting Carrier:[553304](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [SANDWICH ISLES COMMUNICATIONS, INC.](#)Signature of authorized officer or employee: [Abby Tawarahara](#)

Digitally signed by Abby Tawarahara DN:cn=Abby Tawarahara,email=abbyt@sandwichisles.com,O=sandwich isles communications, inc.,l=Millilani HI 96789, Date:3/21/2024

Date: [3/21/2024](#).Printed name of authorized officer or employee: [Abby Tawarahara](#)Title or position of authorized officer or employee: [Controller](#)Telephone number of authorized officer or employee: [808-540-5775](#)Study Area Code of  
Reporting Carrier:[623021](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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.

## FCC Form 508

Connect America Fund Broadband Loop Support Mechanism  
Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 508, Connect America Fund - Broadband Loop Support Mechanism  
Projected CAF-BLS Form on Behalf of Reporting Carrier

I certify that [The National Exchange Carrier Association, Inc. \(NECA\)](#) is authorized to submit the information reported on FCC Form 508 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the Connect America Fund-Broadband Loop Support Mechanism projected revenue requirement information provided to the authorized agent; and, to the best of my knowledge, the Connect America Fund Broadband Loop Support Mechanism projected revenue information provided to the authorized agent is accurate. Further, I certify that the cost data provided is compliant with the Commission's cost allocation rules and does not reflect duplicative assignment of cost to the consumer broadband-only loop and special access categories. 47 C.F.R. 54.903 (a)(3)(4).

Name of Authorized Agent: [The National Exchange Carrier Association, Inc. \(NECA\)](#)Name of Reporting Carrier: [TELEGUAM HOLDINGS, LLC](#)Signature of authorized officer or employee: [Joe Shinohara](#)

Digitally signed by Joe Shinohara DN:cn=Joe Shinohara,email=jshinohara@gta.net,O=teleguam holdings, llc,lc=Tamuning GU 96913, Date:3/19/2024

Date: [3/19/2024](#).Printed name of authorized officer or employee: [Joe Shinohara](#)Title or position of authorized officer or employee: [VP of Finance & Controller](#)Telephone number of authorized officer or employee: [671-644-1653](#)Study Area Code of  
Reporting Carrier:[663800](#)Filing Due Date for this  
form (mm/dd/yyyy)[03/31/2024](#)

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