

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

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

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

Name of Authorized Agent Aldrich CPAs + Advisors LLP

Name of Reporting Carrier Condova Telecom Cooperative, Inc.

Signature of Authorized Officer 

Date 6/12/2024

Printed name of Authorized Officer Lisa Koker

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer: (907) 424-2345 ext.

Study Area Code of Reporting Carrier 613007

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

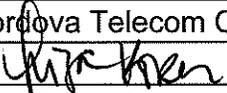
June 17, 2024

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Cordova Telecom Cooperative, Inc.	
Signature of authorized officer				Date	6/12/2024
Printed name of authorized officer		Lisa Koker			
Title or position of authorized officer		CFO			
Telephone number of authorized officer: (907) 424-2345					
Study Area Code of Reporting Carrier	613007	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024		
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TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

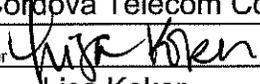
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Cordova Telecom Cooperative, Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer			Lisa Koker		
Date			6/12/2024		
Title or position of Authorized Officer				CFO	
Telephone number of Authorized Officer:				(907) 424-2345 <sub>ext.</sub>	
Study Area Code of Reporting Carrier		613007	Filing Due Date for this form (mm/dd/yyyy)	June 17, 2024	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Cordova Telecom Cooperative, Inc.			
Signature of authorized officer					Date		6/12/2024
Printed name of authorized officer			Lisa Koker				
Title or position of authorized officer			CFO				
Telephone number of authorized officer: (907) 424-2345							
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