

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

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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 John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Citizens Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer

Date

6-5-2024

Printed name of Authorized Officer Greg Lunsford

Title or position of Authorized Officer Vice President – Regulatory Affairs

Telephone number or Authorized Officer. (803) 326-7170

Study Area Code of Reporting Carrier

230473

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

06/17/2024

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

Certification 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	Citizens Telephone Company d/b/a Comporium Communications		
Signature of Authorized Officer		Date	6-5-2024
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number of Authorized Officer.	(803) 326-7170		
Study Area Code of Reporting Carrier	230473	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier	Citizens Telephone Company d/b/a Comporium Communications		
Signature of Authorized Officer		Date	6-5-2024
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	(803) 326-7170		
Study Area Code of Reporting Carrier	230473	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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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, the 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	Citizens Telephone Company d/b/a Comporium Communications		
Signature of Authorized Officer		Date	6-5-2024
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number or Authorized Officer.	(803) 326-7170		
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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company**

Signature of Authorized Officer  Date 4/29/24

Printed name of Authorized Officer James O. Campbell, CPA

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer. (606) 479-6254 ext. _ _ _ _ _

Study Area Code of Reporting Carrier	260408	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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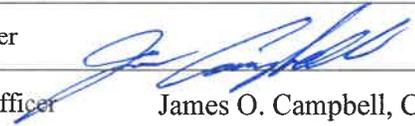
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Name of Reporting Carrier **Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company**

Signature of Authorized Officer



Date 4/29/24

Printed name of Authorized Officer

James O. Campbell, CPA

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

(606) 479-6254 ext. _ _ _ _

Study Area Code of Reporting Carrier

260408

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

06/17/2024

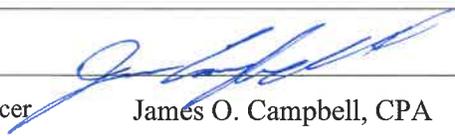
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Signature of Authorized Officer



Date 4/29/24

Printed name of Authorized Officer

James O. Campbell, CPA

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(606) 479-6254 ext. _ _ _ _

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Signature of Authorized Officer



Date 4/29/24

Printed name of Authorized Officer

James O. Campbell, CPA

Title or position of Authorized Officer

CFO

Telephone number or Authorized Officer.

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Study Area Code of Reporting Carrier

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

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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 John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Community Telephone Company, Inc.**

Signature of Authorized Officer

John Zeiler
John Zeiler

Date

6/17/24

Printed name of Authorized Officer

Title or position of Authorized Officer General Manager

Telephone number of Authorized Officer. (940) 423-6201 ext. _ _ _ _ _

Study Area Code of Reporting Carrier

442061

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

06/17/2024

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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Comporium, Inc.**

Signature of Authorized Officer



Date

6-5-2024

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803) 326-7170

Study Area Code of Reporting Carrier

240542

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

06/17/2024

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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 **Comporium, Inc.**

Signature of Authorized Officer



Date

6-5-2024

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803) 326-7170

Study Area Code of Reporting Carrier

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

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

Name of Reporting Carrier **Comporium, Inc.**

Signature of Authorized Officer



Date

6-5-2024

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803) 326-7170

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

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Name of Reporting Carrier **Comporium, Inc.**

Signature of Authorized Officer



Date

6-5-2024

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	ComSouth Telecommunications, Inc.		
Signature of Authorized Officer	<i>Donna Chatman</i>	Date	<i>6/13/2024</i>
Printed name of Authorized Officer	Donna Chatman		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	(602) 364 6000		
Study Area Code of Reporting Carrier	220369	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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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 **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer *Donna Chatman* Date *6/13/2024*

Printed name of Authorized Officer Donna Chatman

Title or position of Authorized Officer Vice President

Telephone number of Authorized Officer. (602) 364 6000

Study Area Code of Reporting Carrier	220369	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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Name of Reporting Carrier **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer

Donna Chatman

Date

6/13/2024

Printed name of Authorized Officer

Donna Chatman

Title or position of Authorized Officer

Vice President

Telephone number of Authorized Officer.

(602) 364 6000

Study Area Code of Reporting Carrier

220369

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

06/17/2024

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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, the 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 **ComSouth Telecommunications, Inc.**

Signature of Authorized Officer *Donna Chatman* Date *6/13/2024*

Printed name of Authorized Officer Donna Chatman

Title or position of Authorized Officer Vice President

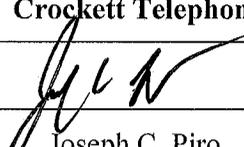
Telephone number of Authorized Officer. (602) 364 6000

Study Area Code of Reporting Carrier	220369		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024	
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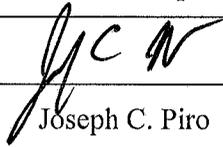
Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Crockett Telephone Company, Inc.		
Signature of Authorized Officer		Date	05/31/2024
Printed name of Authorized Officer	Joseph C. Piro		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer.	(601) 354-9070		
Study Area Code of Reporting Carrier	290561	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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Name of Reporting Carrier **Crockett Telephone Company, Inc.**

Signature of Authorized Officer



Date 05/31/2024

Printed name of Authorized Officer

Joseph C. Piro

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(601) 354-9070

Study Area Code of Reporting Carrier

290561

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

06/17/2024

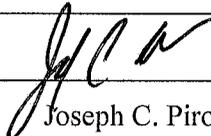
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Name of Reporting Carrier **Crockett Telephone Company, Inc.**

Signature of Authorized Officer



Date 05/31/2024

Printed name of Authorized Officer

Joseph C. Piro

Title or position of Authorized Officer

Chief Financial Officer

Telephone number or Authorized Officer.

(601) 354-9070

Study Area Code of Reporting Carrier

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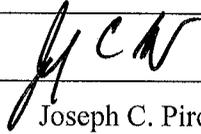
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Name of Reporting Carrier **Crockett Telephone Company, Inc.**

Signature of Authorized Officer



Date 05/31/2024

Printed name of Authorized Officer

Joseph C. Piro

Title or position of Authorized Officer

Chief Financial Officer

Telephone number or Authorized Officer.

(601) 354-9070

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Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Cross Tel. Co.		
Signature of Authorized Officer	<small>DocuSigned by:</small> <i>Jake Baldwin</i>	Date	5/8/2024
Printed name of Authorized Officer	B6C82F8854E84E2... Jake Baldwin		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number of Authorized Officer.	(918-463)2921 _____ ext. _____		
Study Area Code of Reporting Carrier	431985	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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Name of Reporting Carrier		Cross Tel. Co.	
Signature of Authorized Officer	<small>DocuSigned by:</small> <i>Jake Baldwin</i>	Date	5/8/2024
Printed name of Authorized Officer	<small>B6C82F8854E84E2...</small> Jake Baldwin		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number or Authorized Officer.	(<u>918-403-2921</u> _ _ _ _ _ ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	431985	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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Name of Reporting Carrier		Cross Tel. Co.	
Signature of Authorized Officer	<small>DocuSigned by:</small> <i>Jake Baldwin</i>	Date	5/8/2024
Printed name of Authorized Officer	<small>B6C82F8854E84E2...</small> Jake Baldwin		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number or Authorized Officer.	(918-463) -2921 ext.		
Study Area Code of Reporting Carrier	431985	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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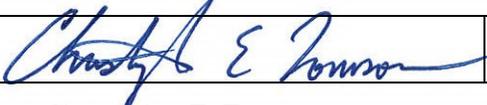
Name of Reporting Carrier		Cross Tel. Co.	
Signature of Authorized Officer	<small>DocuSigned by:</small> <i>Jake Baldwin</i>	Date	5/8/2024
Printed name of Authorized Officer	<small>B6C82F8854E84E2...</small> Jake Baldwin		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number or Authorized Officer.	(918-463) -2921 ext. _____		
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Name of Authorized Agent John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **DeKalb Telephone Cooperative, Inc.**

Signature of Authorized Officer  Date 5/24/24

Printed name of Authorized Officer Christopher E. Townson

Title or position of Authorized Officer Chief Executive Officer

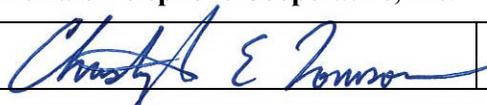
Telephone number of Authorized Officer. (615) 529-2955 ext. _ _ _ _

Study Area Code of Reporting Carrier	290562		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

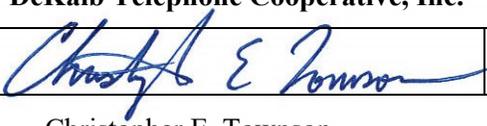
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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	DeKalb Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	5/24/24
Printed name of Authorized Officer	Christopher E. Townson		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number or Authorized Officer.	(615) 529-2955 ext. _ _ _ _		
Study Area Code of Reporting Carrier	290562	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier	DeKalb Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	5/24/24
Printed name of Authorized Officer	Christopher E. Townson		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number or Authorized Officer.	(615) 529-2955 ext. _ _ _ _		
Study Area Code of Reporting Carrier	290562	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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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, the 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	DeKalb Telephone Cooperative, Inc.		
Signature of Authorized Officer		Date	5/24/24
Printed name of Authorized Officer	Christopher E. Townson		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number or Authorized Officer.	(615) 529-2955 ext. _ _ _ _		
Study Area Code of Reporting Carrier	290562	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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 John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Eastex Telephone Cooperative, Inc.**

Signature of Authorized Officer		Date	5/22/2024
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Printed name of Authorized Officer Mayburn Greening

Title or position of Authorized Officer Chief Financial Officer

Telephone number of Authorized Officer. (903) 854 10 00 ext. 11 43

Study Area Code of Reporting Carrier	442068	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Officer 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 **Eastex Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

5/22/2024

Printed name of Authorized Officer

Mayburn Greening

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(903) 854 1000 ext. 1143

Study Area Code of Reporting Carrier

442068

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

06/17/2024

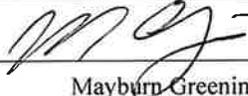
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier **Eastex Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

5/22/2024

Printed name of Authorized Officer

Mayburn Greening

Title or position of Authorized Officer

Chief Financial Officer

Telephone number of Authorized Officer.

(902) 851 1000 ext. 1143

Study Area Code of Reporting Carrier

442068

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

06/17/2024

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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, the 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		Eastex Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date	5/22/2024
Printed name of Authorized Officer	Mayburn Greening		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(903) 854 1000 ext. 1143		
Study Area Code of Reporting Carrier	442068	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification 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 **Ellijay Telephone Company**

Signature of Authorized Officer

Darrell J Harper

Date

6-5-2024

Printed name of Authorized Officer

DARRELL J HARPER

Title or position of Authorized Officer

VP

Telephone number or Authorized Officer.

(706) 697 5519 ext. *----*

Study Area Code of Reporting Carrier

220360

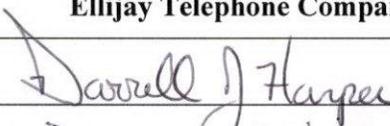
Filing Due Date for this form
(mm/dd/yyyy)

06/17/2024

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

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

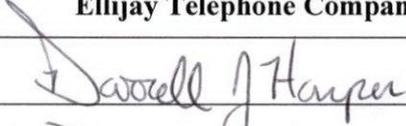
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier		Ellijay Telephone Company	
Signature of Authorized Officer		Date	6-5-2024
Printed name of Authorized Officer	DARRELL J HARPER		
Title or position of Authorized Officer	VP		
Telephone number or Authorized Officer.	(706) 697 5519 ext. _____		
Study Area Code of Reporting Carrier	220360	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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

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

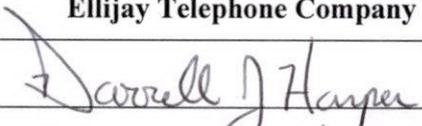
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and,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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Ellijay Telephone Company		
Signature of Authorized Officer		Date	6-5-2024
Printed name of Authorized Officer	DARRELL J HARPER		
Title or position of Authorized Officer	VP		
Telephone number of Authorized Officer.	(706) 697 5519 ext. _ _ _ _		
Study Area Code of Reporting Carrier	220360	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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

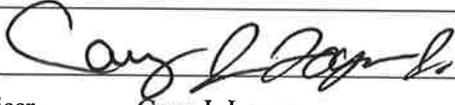
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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		Ellijay Telephone Company	
Signature of Authorized Officer		Date	6-5-2024
Printed name of Authorized Officer	DARRELL J HARPER		
Title or position of Authorized Officer	VP		
Telephone number or Authorized Officer.	(706) 697 5519 ext. _____		
Study Area Code of Reporting Carrier	220360	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

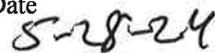
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and,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

Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	EMPOWER Telecom, Inc.		
Signature of Authorized Officer		Date	5-28-24
Printed name of Authorized Officer	Cary J. Logan		
Title or position of Authorized Officer	Chief Operating Officer		
Telephone number of Authorized Officer.	(_ 434 _) 372-6100 _ _ ext. _ _ _ _		
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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

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

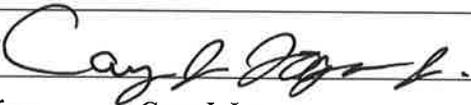
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	EMPOWER Telecom, Inc.		
Signature of Authorized Officer		Date	
Printed name of Authorized Officer	Cary J. Logan		
Title or position of Authorized Officer	Chief Operating Officer		
Telephone number of Authorized Officer.	(434 ___) __ 372-6100 _ _ _ _ _ ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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

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

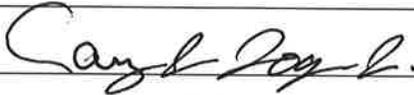
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier		EMPOWER Telecom, Inc.	
Signature of Authorized Officer		Date	5-28-24
Printed name of Authorized Officer	Cary J. Logan		
Title or position of Authorized Officer	Chief Operating Officer		
Telephone number of Authorized Officer.	(434 ___) 372-6100 _____ ext. _____		
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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

Certification 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, the 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	EMPOWER Telecom, Inc.		
Signature of Authorized Officer		Date	5-28-24
Printed name of Authorized Officer	Cary J. Logan		
Title or position of Authorized Officer	Chief Operating Officer		
Telephone number of Authorized Officer.	(434__) 372-6100__ ext. _____		
Study Area Code of Reporting Carrier	190219	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Farmers Telephone Cooperative, Inc.		
Signature of Authorized Officer	<i>Mayme T. Carsten</i>	Date	<i>6/10/24</i>
Printed name of Authorized Officer	<i>Mayme T. Carsten</i>		
Title or position of Authorized Officer	<i>Chief Financial Officer</i>		
Telephone number or Authorized Officer.	<i>(843) 382 1380</i> ext. <i>----</i>		
Study Area Code of Reporting Carrier	240520	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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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	Farmers Telephone Cooperative, Inc.		
Signature of Authorized Officer	<i>Mayme T. Carsten</i>	Date	<i>6/10/24</i>
Printed name of Authorized Officer	<i>Mayme T. Carsten</i>		
Title or position of Authorized Officer	<i>Chief Financial Officer</i>		
Telephone number of Authorized Officer.	<i>(843) 382 1380</i> ext. _____		
Study Area Code of Reporting Carrier	240520	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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

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

Name of Reporting Carrier		Farmers Telephone Cooperative, Inc.	
Signature of Authorized Officer	<i>Mayme T. Carsten</i>	Date	<i>6/10/24</i>
Printed name of Authorized Officer	<i>Mayme T. Carsten</i>		
Title or position of Authorized Officer	<i>Chief Financial Officer</i>		
Telephone number of Authorized Officer.	<i>(843) 382 1380</i> ext. <i>----</i>		
Study Area Code of Reporting Carrier	240520	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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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, the 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	Farmers Telephone Cooperative, Inc.		
Signature of Authorized Officer	<i>Mayme T. Carsten</i>	Date	<i>6/10/24</i>
Printed name of Authorized Officer	<i>Mayme T. Carsten</i>		
Title or position of Authorized Officer	<i>Chief Financial Officer</i>		
Telephone number of Authorized Officer.	<i>(843) 382 1380</i> ext. _____		
Study Area Code of Reporting Carrier	240520	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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 John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Fidelity Telephone LLC**

Signature of Authorized Officer  Date **5/22/24**

Printed name of Authorized Officer Krista Kauffman

Title or position of Authorized Officer Vice President

Telephone number or Authorized Officer. (602) 364-6000 ext. _ _ _ _

Study Area Code of Reporting Carrier	421882		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

Name of Reporting Carrier		Fidelity Telephone LLC	
Signature of Authorized Officer			Date 5/22/24
Printed name of Authorized Officer		Krista Kauffman	
Title or position of Authorized Officer		Vice President	
Telephone number or Authorized Officer.		(602) 364-6000 ext. _ _ _ _	
Study Area Code of Reporting Carrier	421882	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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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, the 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	Fidelity Telephone LLC		
Signature of Authorized Officer		Date	5/22/24
Printed name of Authorized Officer	Krista Kauffman		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	(602) 364-6000 ext. _ _ _ _		
Study Area Code of Reporting Carrier	421882	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification 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	Fidelity Telephone LLC		
Signature of Authorized Officer		Date	5/22/24
Printed name of Authorized Officer	Krista Kauffman		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	(602) 364-6000 ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	421882	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier	Foothills Rural Telephone Cooperative Corporation, Inc.		
Signature of Authorized Officer	<i>Ruth Conley</i>	Date	<i>6-12-24</i>
Printed name of Authorized Officer	Ruth Conley		
Title or position of Authorized Officer	CEO/GM		
Telephone number or Authorized Officer.	(606) 297-9131		
Study Area Code of Reporting Carrier	260406	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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

Certification 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, the 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 **Foothills Rural Telephone Cooperative Corporation, Inc.**

Signature of Authorized Officer *Ruth Conley* Date **6-12-24**

Printed name of Authorized Officer **Ruth Conley**

Title or position of Authorized Officer **CEO/GM**

Telephone number or Authorized Officer. **(606) 297-9131**

Study Area Code of Reporting Carrier	260406	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Foothills Rural Telephone Cooperative Corporation, Inc.		
Signature of Authorized Officer	<i>Ruth Conley</i>	Date	6-12-24
Printed name of Authorized Officer	Ruth Conley		
Title or position of Authorized Officer	CEO/GM		
Telephone number of Authorized Officer.	(606) 297-9131		
Study Area Code of Reporting Carrier	260406	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification 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 **Foothills Rural Telephone Cooperative Corporation, Inc.**

Signature of Authorized Officer *Ruth Conley* Date *6-12-24*

Printed name of Authorized Officer **Ruth Conley**

Title or position of Authorized Officer **CEO/GM**

Telephone number or Authorized Officer. **(606) 297-9131**

Study Area Code of Reporting Carrier	260406	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

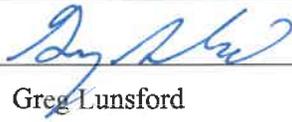
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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 John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Fort Mill Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

6-5-2024

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803) 326-7170

Study Area Code of Reporting Carrier

240521

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

06/17/2024

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

Certification 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 **Fort Mill Telephone Company d/b/a Comporium Communications**

Signature of Authorized Officer



Date

6-5-2024

Printed name of Authorized Officer

Greg Lunsford

Title or position of Authorized Officer

Vice President – Regulatory Affairs

Telephone number of Authorized Officer.

(803) 326-7170

Study Area Code of Reporting Carrier

240521

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

06/17/2024

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

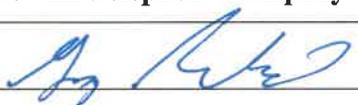
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier	Fort Mill Telephone Company d/b/a Comporium Communications		
Signature of Authorized Officer		Date	6-5-2024
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number of Authorized Officer.	(803) 326-7170		
Study Area Code of Reporting Carrier	240521	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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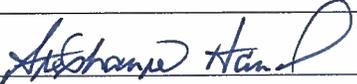
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the 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	Fort Mill Telephone Company d/b/a Comporium Communications		
Signature of Authorized Officer		Date	6/5/2024
Printed name of Authorized Officer	Greg Lunsford		
Title or position of Authorized Officer	Vice President – Regulatory Affairs		
Telephone number of Authorized Officer.	(803) 326-7170		
Study Area Code of Reporting Carrier	240521	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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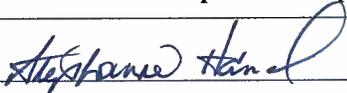
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Fulton Telephone Company, Inc.		
Signature of Authorized Officer		Date	6/10/2024
Printed name of Authorized Officer	Stephanie Hand		
Title or position of Authorized Officer	CFO		
Telephone number of Authorized Officer.	(601) 764 3463 ext. 8080		
Study Area Code of Reporting Carrier	280455	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification 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.

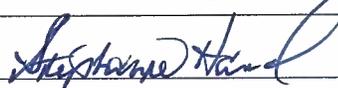
Name of Reporting Carrier		Fulton Telephone Company, Inc.	
Signature of Authorized Officer		Date	6/10/2024
Printed name of Authorized Officer		Stephanie Hand	
Title or position of Authorized Officer		CFO	
Telephone number or Authorized Officer.		(<u>601</u>) <u>764</u> <u>3463</u> ext. <u>8080</u>	
Study Area Code of Reporting Carrier	280455	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier **Fulton Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/10/2024

Printed name of Authorized Officer Stephanie Hand

Title or position of Authorized Officer CFO

Telephone number or Authorized Officer.

(601) 764 3463 ext. 8080

Study Area Code of Reporting Carrier

280455

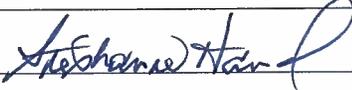
Filing Due Date for this form
(mm/dd/yyyy)

06/17/2024

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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, the 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	Fulton Telephone Company, Inc.		
Signature of Authorized Officer		Date	6/10/2024
Printed name of Authorized Officer	Stephanie Hand		
Title or position of Authorized Officer	CFO		
Telephone number or Authorized Officer.	(<u>601</u>) <u>764</u> <u>3463</u> ext. <u>8080</u>		
Study Area Code of Reporting Carrier	280455	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Goodman Telephone Company		
Signature of Authorized Officer		Date 5/31/2024	
Printed name of Authorized Officer	Wendy Ottman		
Title or position of Authorized Officer	VP of Finance		
Telephone number of Authorized Officer.	(573) 835 4051 ext. _____		
Study Area Code of Reporting Carrier	421886		Filing Due Date for this form (mm/dd/yyyy)
		06/17/2024	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

Certification 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	Goodman Telephone Company		
Signature of Authorized Officer		Date	5/31/2024
Printed name of Authorized Officer	Wendy Ottman		
Title or position of Authorized Officer	VP of Finance		
Telephone number or Authorized Officer.	(573) 835 4051 ext. _____		
Study Area Code of Reporting Carrier	421886	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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

Name of Reporting Carrier		Goodman Telephone Company	
Signature of Authorized Officer	<i>Wendy Ott</i>	Date	5/31/2024
Printed name of Authorized Officer		Wendy Ottman	
Title or position of Authorized Officer		VP of Finance	
Telephone number or Authorized Officer.		(573 __) 835 __ 4051 __ ext. ____	
Study Area Code of Reporting Carrier	421886	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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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, the 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		Goodman Telephone Company	
Signature of Authorized Officer	<i>Wendy Ott</i>	Date	5/31/2024
Printed name of Authorized Officer		Wendy Ottman	
Title or position of Authorized Officer		VP of Finance	
Telephone number or Authorized Officer.		(573) 835 4051 ext. _____	
Study Area Code of Reporting Carrier	421886	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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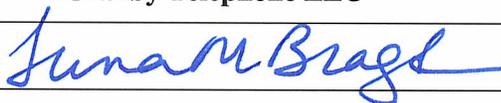
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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 John Staurulakis, Inc. (JSI)

Name of Reporting Carrier **Granby Telephone LLC**

Signature of Authorized Officer



Date 6/10/2024

Printed name of Authorized Officer Trina M. Bragdon

Title or position of Authorized Officer Senior Vice President

Telephone number of Authorized Officer (207) 992-9920

Study Area Code of Reporting Carrier

110036

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

06/17/2024

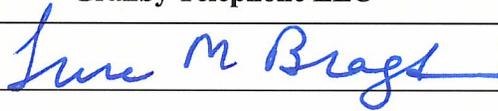
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **Granby Telephone LLC**

Signature of Authorized Officer



Date 6/10/2024

Printed name of Authorized Officer **Trina M. Bragdon**

Title or position of Authorized Officer **Senior Vice President**

Telephone number of Authorized Officer **(207) 992-9920**

Study Area Code of Reporting Carrier

110036

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

06/17/2024

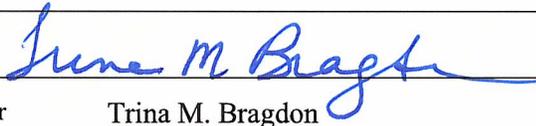
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier **Granby Telephone LLC**

Signature of Authorized Officer



Date 6/10/2024

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number of Authorized Officer

(207) 992-9920

Study Area Code of Reporting Carrier

110036

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

06/17/2024

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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, the 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

Granby Telephone LLC

Signature of Authorized Officer



Date 6/10/2024

Printed name of Authorized Officer

Trina M. Bragdon

Title or position of Authorized Officer

Senior Vice President

Telephone number of Authorized Officer

(207) 992-9920

Study Area Code of Reporting Carrier

110036

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

06/17/2024

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

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Grand River Mutual Telephone Company		
Signature of Authorized Officer	<i>Gregg Davis</i>	Date	5/28/2024
Printed name of Authorized Officer	Gregg Davis		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(660) 748-3231		
Study Area Code of Reporting Carrier	351888	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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

Certification 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		Grand River Mutual Telephone Company	
Signature of Authorized Officer	<i>x Gregg Davis</i>	Date 5/28/2024	
Printed name of Authorized Officer		Gregg Davis	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		(660) 748-3231	
Study Area Code of Reporting Carrier	351888	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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JA

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

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Name of Reporting Carrier		Grand River Mutual Telephone Company	
Signature of Authorized Officer X <i>Gregg Davis</i>		Date 5/28/2024	
Printed name of Authorized Officer		Gregg Davis	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		(660) 748-3231	
Study Area Code of Reporting Carrier	351888	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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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, the 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	Grand River Mutual Telephone Company		
Signature of Authorized Officer <input checked="" type="checkbox"/>	<i>Gregg Davis</i>	Date	5/28/2024
Printed name of Authorized Officer	Gregg Davis		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(660) 748-3231		
Study Area Code of Reporting Carrier	351888	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit 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		John Staurulakis, Inc. (JSI)	
Name of Reporting Carrier		Grand River Mutual Telephone Company	
Signature of Authorized Officer	<i>Gregg Davis</i>	Date	5/28/2024
Printed name of Authorized Officer	Gregg Davis		
Title or position of Authorized Officer	President		
Telephone number of Authorized Officer.	(660) 748-3231		
Study Area Code of Reporting Carrier	421888	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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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		Grand River Mutual Telephone Company	
Signature of Authorized Officer	<i>Gregg Davis</i>	Date 5/28/2024	
Printed name of Authorized Officer		Gregg Davis	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer.		(660) 748-3231	
Study Area Code of Reporting Carrier	421888	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

Name of Reporting Carrier		Grand River Mutual Telephone Company	
Signature of Authorized Officer	X <i>Gregg Davis</i>	Date 5/28/2024	
Printed name of Authorized Officer		Gregg Davis	
Title or position of Authorized Officer		President	
Telephone number or Authorized Officer.		(660) 748-3231	
Study Area Code of Reporting Carrier	421888	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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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, the 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		Grand River Mutual Telephone Company	
Signature of Authorized Officer	<i>Gregg Davis</i>	Date	5/28/2024
Printed name of Authorized Officer	Gregg Davis		
Title or position of Authorized Officer	President		
Telephone number or Authorized Officer.	(660) 748-3231		
Study Area Code of Reporting Carrier	421888	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			