

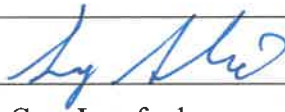
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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				
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
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 **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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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	Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company
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Signature of Authorized Officer		Date	4/29/24
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Title or position of Authorized Officer	CFO
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Telephone number or Authorized Officer.	(606) 479-6254 ext. _ _ _ _
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Study Area Code of Reporting Carrier	260408		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	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
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Title or position of Authorized Officer	CFO
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Telephone number or Authorized Officer.	(606) 479-6254 ext. _ _ _ _
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Study Area Code of Reporting Carrier	260408		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	Gearheart Communications Company, Inc. d/b/a Coalfields Telephone Company
---------------------------	--

Signature of Authorized Officer		Date 4/29/24
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Printed name of Authorized Officer	James O. Campbell, CPA
------------------------------------	-------------------------------

Title or position of Authorized Officer	CFO
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Telephone number or Authorized Officer.	(606) 479-6254 ext. _ _ _ _
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Study Area Code of Reporting Carrier	260408		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 **Community Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/19/24

Printed name of Authorized Officer

John Zeiler

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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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	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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **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 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 **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
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	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 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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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	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 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 Eligibility for CAF/ICC Recovery

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

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	<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
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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 **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

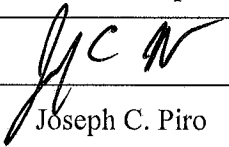


Filing Due Date for this form
(mm/dd/yyyy)

06/17/2024

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

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	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	290561		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024	

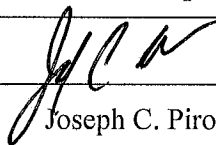
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **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

290561

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

06/17/2024

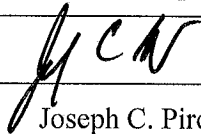
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **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
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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 **Cross Tel. Co.**

Signature of Authorized Officer

DocuSigned by:

Jake Baldwin

Date 5/8/2024

Printed name of Authorized Officer 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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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		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.		(918-43-2921 _ _ _ _ _ ext. _ _ _ _ _		
Study Area Code of Reporting Carrier	431985		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		Cross Tel. Co.		
Signature of Authorized Officer	DocuSigned by: <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 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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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		Cross Tel. Co.		
Signature of Authorized Officer	<div><div>DocuSigned by:</div><div><i>Jake Baldwin</i></div></div>	Date	5/8/2024	
Printed name of Authorized Officer	<div><div>B6C82F8854E84E2...</div><div>Jake Baldwin</div></div>			
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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

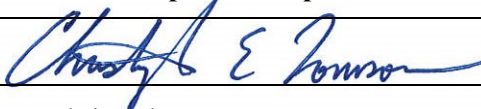
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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.

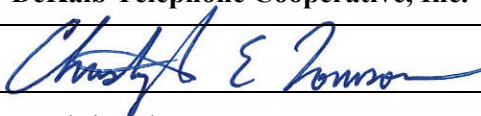
Name of Reporting Carrier	DeKalb Telephone Cooperative, Inc.			
Signature of Authorized Officer			Date	5/24/24
Printed name of Authorized Officer	Christopher E. Townson			
Title or position of Authorized Officer	Chief Executive Officer			
Telephone number or Authorized Officer.	(615) 529-2955 ext. _ _ _ _			
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

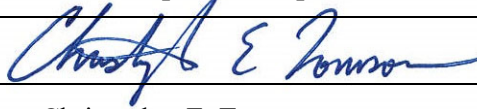
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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

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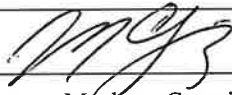
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **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

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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.

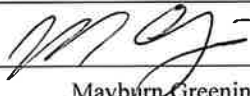
Name of Reporting Carrier		Eastex Telephone Cooperative, Inc.	
Signature of Authorized Officer		Date 5/22/2024	
Printed name of Authorized Officer		Mayburn Greening	
Title or position of Authorized Officer		Chief Financial Officer	
Telephone number or Authorized Officer.		(9 0 3) 8 5 4 1 0 0 0 ext. 1 1 4 3	
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 for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

(901) 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 of Authorized Officer.

(903) 854 1000 ext. 1143

Study Area Code of Reporting Carrier

442068

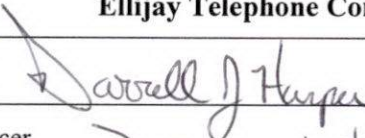
Filing Due Date for this form
(mm/dd/yyyy)

06/17/2024

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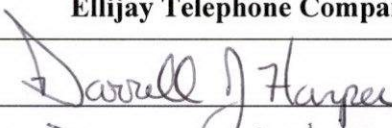
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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					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

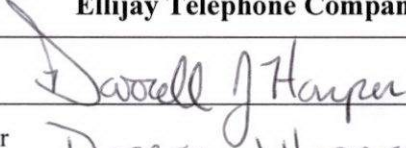
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

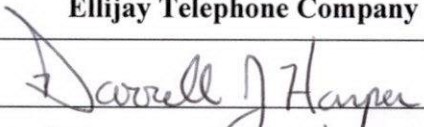
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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.			

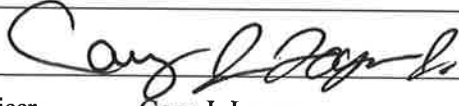
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 or 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	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 for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

Cary J. Logan

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

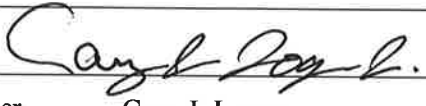
Filing Due Date for this form
(mm/dd/yyyy)

06/17/2024

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Certification of Officer 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 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)
			<i>06/17/2024</i>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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		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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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 *Mayme T. Carsten* Date *6/10/24*

Printed name of Authorized Officer *Mayme T. Carsten*

Title or position of Authorized Officer *Chief Financial Officer*

Telephone number of Authorized Officer. *(843) 382 1380* 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 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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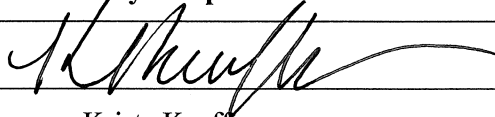
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

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

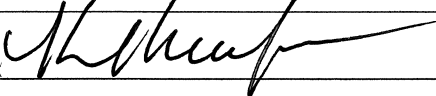
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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	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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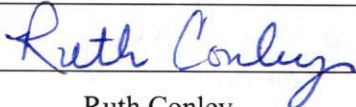
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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			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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 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

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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	Foothills Rural Telephone Cooperative Corporation, Inc.		
Signature of Authorized Officer		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
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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 **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 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

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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	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 or 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 06/17/2024
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	240521		Filing Due Date for this form (mm/dd/yyyy) 06/17/2024

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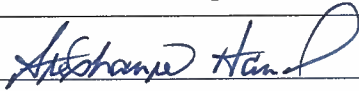
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

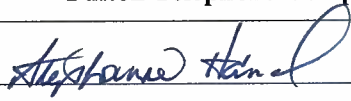
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **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

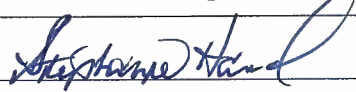
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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

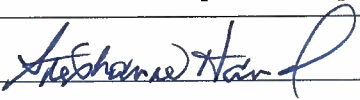
Filing Due Date for this form
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06/17/2024

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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.		(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
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

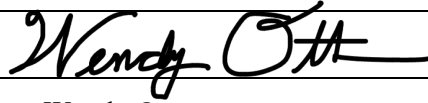
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **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

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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 **Goodman Telephone Company**

Signature of Authorized Officer

Wendy Ott

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

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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

Wendy Ott

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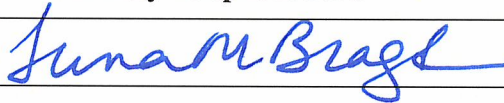
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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

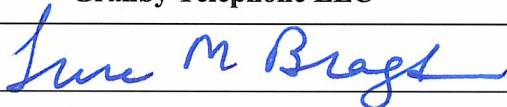
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(mm/dd/yyyy)

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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

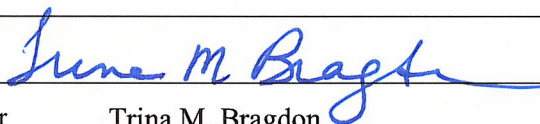
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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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IA

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

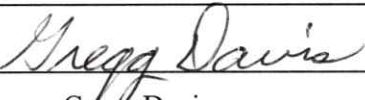
I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and,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

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 ☒ *Gregg Davis*

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

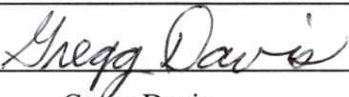
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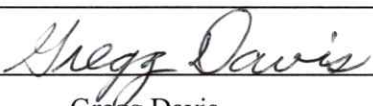
**Certification of Officer
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I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities 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>X</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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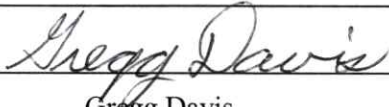
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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

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

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access 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		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
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

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