

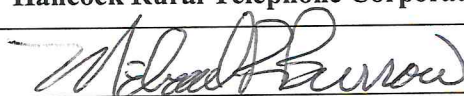
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Hancock Rural Telephone Corporation d/b/a NineStar Connect**

Signature of Authorized Officer



Date

June 4, 2024

Printed name of Authorized Officer Michael R. Burrow

Title or position of Authorized Officer President & CEO

Telephone number of Authorized Officer. (317) 326-3131

Study Area Code of Reporting Carrier

320775

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	Hancock Rural Telephone Corporation d/b/a NineStar Connect
---------------------------	---

Signature of Authorized Officer		Date	June 4, 2024
---------------------------------	--	------	--------------

Printed name of Authorized Officer	Michael R. Burrow
------------------------------------	-------------------

Title or position of Authorized Officer	President & CEO
---	-----------------

Telephone number or Authorized Officer.	(317) 326-3131
---	----------------

Study Area Code of Reporting Carrier	320775		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	Hancock Rural Telephone Corporation d/b/a NineStar Connect
---------------------------	---

Signature of Authorized Officer		Date	June 4, 2024
---------------------------------	--	------	--------------

Printed name of Authorized Officer	Michael R. Burrow
------------------------------------	--------------------------

Title or position of Authorized Officer	President & CEO
---	----------------------------

Telephone number of Authorized Officer.	(317) 326-3131
---	-----------------------

Study Area Code of Reporting Carrier	320775		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	Hancock Rural Telephone Corporation d/b/a NineStar Connect
---------------------------	---

Signature of Authorized Officer		Date	June 4, 2024
---------------------------------	--	------	--------------

Printed name of Authorized Officer	Michael R. Burrow
------------------------------------	-------------------

Title or position of Authorized Officer	President & CEO
---	-----------------


Telephone number or Authorized Officer.	(317) 326-3131
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Study Area Code of Reporting Carrier	320775		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	Hargray Telephone Company		
Signature of Authorized Officer		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	240523	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	Hargray Telephone Company		
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	240523	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 **Hargray Telephone Company**

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

240523

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	Hargray Telephone Company		
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	240523	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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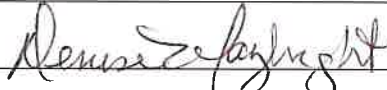
**Certification of Officer
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I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities 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 **Highland Telephone Cooperative**

Signature of Authorized Officer



Date 06/07/2024

Printed name of Authorized Officer

Denise Waybright

Title or position of Authorized Officer

Office Manager, Secretary/Treasurer

Telephone number of Authorized Officer.

(540) 468 -2133 ext. _ _ _ _

Study Area Code of Reporting Carrier

190237

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.

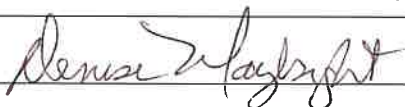
Name of Reporting Carrier		Highland Telephone Cooperative	
Signature of Authorized Officer		Date	06/07/2024
Printed name of Authorized Officer		Denise Waybright	
Title or position of Authorized Officer		Office Manager, Secretary/Treasurer	
Telephone number or Authorized Officer.		(540) 468- 2133 ext. _ _ _ _	
Study Area Code of Reporting Carrier	190237	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 **Highland Telephone Cooperative**

Signature of Authorized Officer



Date 06/07/2024

Printed name of Authorized Officer

Denise Waybright

Title or position of Authorized Officer

Office Manager, Secretary/Treasurer

Telephone number of Authorized Officer.

(540) 468- 2133 ext. _ _ _ _

Study Area Code of Reporting Carrier

190237

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

06/17/2024

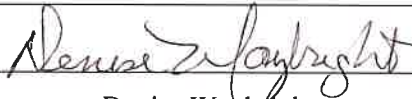
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Highland Telephone Cooperative**

Signature of Authorized Officer



Date 06/07/2024

Printed name of Authorized Officer

Denise Waybright

Title or position of Authorized Officer

Office Manager, Secretary/Treasurer

Telephone number of Authorized Officer.

(540) 468- 2133 ext. _ _ _ _

Study Area Code of Reporting Carrier

190237

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

06/17/2024

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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 **Home Telephone ILEC, d/b/a Home Telecom**

Signature of Authorized Officer



Date

06/05/2024

Printed name of Authorized Officer Robert Meeker

Title or position of Authorized Officer Vice President Finance

Telephone number of Authorized Officer. (843) 761-9506 ext. _ _ _ _

Study Area Code of Reporting Carrier

240527

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 **Home Telephone ILEC, d/b/a Home Telecom**

Signature of Authorized Officer



Date

06/05/2024

Printed name of Authorized Officer

Robert Meeker

Title or position of Authorized Officer

Vice President Finance

Telephone number or Authorized
Officer.

(843) 761-9506 ext. _ _ _ _

Study Area Code of Reporting Carrier

240527


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

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Name of Reporting Carrier	Home Telephone ILEC, d/b/a Home Telecom		
Signature of Authorized Officer		Date	06/05/2024
Printed name of Authorized Officer	Robert Meeker		
Title or position of Authorized Officer	Vice President Finance		
Telephone number of Authorized Officer.	(843) 761-9506 ext. _ _ _ _		
Study Area Code of Reporting Carrier	240527	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	Home Telephone ILEC, d/b/a Home Telecom
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Signature of Authorized Officer		Date
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06/05/2024

Printed name of Authorized Officer	Robert Meeker
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Title or position of Authorized Officer	Vice President Finance
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Telephone number of Authorized Officer.	(843) 761-9506 ext. _ _ _ _
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Study Area Code of Reporting Carrier	240527		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024	
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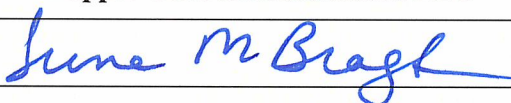
**Certification of Officer
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I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities 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 **Hopper Telecommunications 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

250300

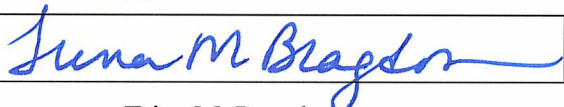
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(mm/dd/yyyy)

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	Hopper Telecommunications 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	250300		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024	

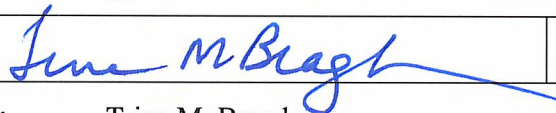
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier **Hopper Telecommunications 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

250300

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

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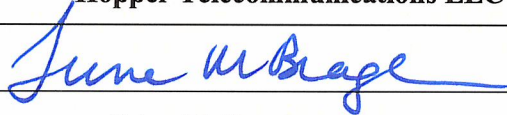
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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

Hopper Telecommunications 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

250300

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

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

Signature of Authorized Officer



Date

06/10/2024

Printed name of Authorized Officer Fred Reimer

Title or position of Authorized Officer CFO

Telephone number or Authorized Officer. (843) 365-2151 ext.

Study Area Code of Reporting Carrier

240528

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 **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date **6/10/2024**

Printed name of Authorized Officer

Fred Reimer

Title or position of Authorized Officer

CFO

Telephone number of Authorized Officer.

(843) 365-2151 ext.

Study Area Code of Reporting Carrier

240528

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

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

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

Signature of Authorized Officer



Date

06/10/2024

Printed name of Authorized Officer

Fred Reimer

Title or position of Authorized Officer

CFO

Telephone number or Authorized
Officer.

(843) 365-2151 ext.

Study Area Code of Reporting Carrier

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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 **Horry Telephone Cooperative, Inc.**

Signature of Authorized Officer



Date

6/10/2024

Printed name of Authorized Officer **Fred Reimer**

Title or position of Authorized Officer **CFO**

Telephone number of Authorized Officer.

(843) 365-2151 ext.

Study Area Code of Reporting Carrier

240528

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

06/17/2024

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Name of Reporting Carrier	Industry Telephone Company		
Signature of Authorized Officer	Robin Marek	Date	May 8, 2024
Printed name of Authorized Officer	Robin Marek		
Title or position of Authorized Officer	General Manager		
Telephone number or Authorized Officer.	(979) 357 4411 ext. 219		
Study Area Code of Reporting Carrier	442093	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.			

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Name of Reporting Carrier		Industry Telephone Company	
Signature of Authorized Officer		<i>Robin Marek</i>	Date May 8, 2024
Printed name of Authorized Officer		Robin Marek	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer.		(<u>979</u>) <u>357</u> <u>4411</u> ext. <u>219</u>	
Study Area Code of Reporting Carrier	442093	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		Industry Telephone Company	
Signature of Authorized Officer		<i>Robin Marek</i>	Date May 8, 2024
Printed name of Authorized Officer		Robin Marek	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer.		(979) 357 4411 ext. 219	
Study Area Code of Reporting Carrier	442093	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.			

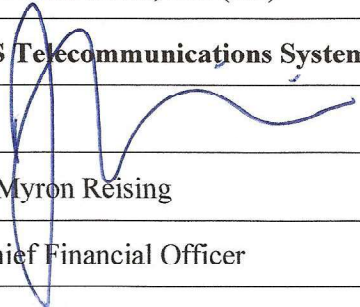
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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	Industry Telephone Company		
Signature of Authorized Officer	<i>Robin Marek</i>	Date	May 8, 2024
Printed name of Authorized Officer	Robin Marek		
Title or position of Authorized Officer	General Manager		
Telephone number of Authorized Officer.	(<u>979</u>) <u>357</u> <u>4411</u> ext. <u>219</u>		
Study Area Code of Reporting Carrier	442093	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.			

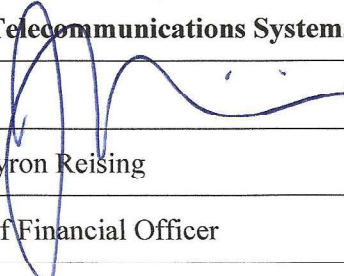
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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	ITS Telecommunications Systems, LLC		
Signature of Authorized Officer			Date May 31, 2024
Printed name of Authorized Officer	Myron Reising		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer.	(954) 753 - 0100		
Study Area Code of Reporting Carrier	210331	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

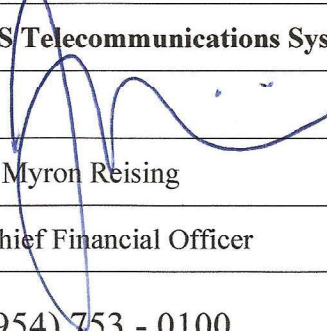
Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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	ITS Telecommunications Systems, LLC.		
Signature of Authorized Officer			Date May 31, 2024
Printed name of Authorized Officer	Myron Reising		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer.	(954) 753 - 0100		
Study Area Code of Reporting Carrier	210331	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

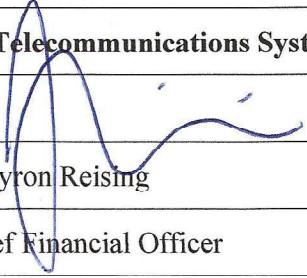
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to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

Name of Reporting Carrier	ITS Telecommunications Systems, LLC		
Signature of Authorized Officer			Date May 31, 2024
Printed name of Authorized Officer	Myron Reising		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(954) 753 - 0100		
Study Area Code of Reporting Carrier	210331	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.

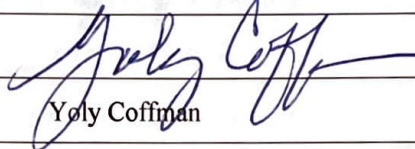
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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	ITS Telecommunications Systems, LLC		
Signature of Authorized Officer			Date May 31, 2024
Printed name of Authorized Officer	Myron Reising		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(954) 753 - 0100		
Study Area Code of Reporting Carrier	210331	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.

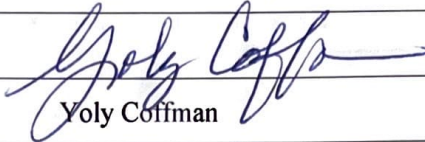
Name of Authorized Agent	John Staurulakis, Inc. (JSI)		
Name of Reporting Carrier	Knology of the Valley, Inc.		
Signature of Authorized Officer			Date 06-07-2024
Printed name of Authorized Officer	Yoly Coffman		
Title or position of Authorized Officer	Manager Regulatory Compliance		
Telephone number of Authorized Officer.	(706) 645- 8116		
Study Area Code of Reporting Carrier	220371	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 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 **Knology of the Valley, Inc.**

Signature of Authorized Officer



Date
06-07-2024

Printed name of Authorized Officer

Yoly Coffman

Title or position of Authorized Officer **Manager Regulatory Compliance**

Telephone number of Authorized Officer.

(706) 645- 8116

Study Area Code of Reporting Carrier

220371

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

06/17/2024

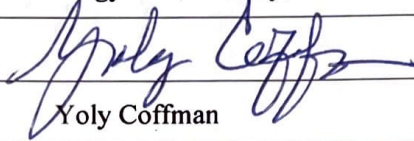
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Knology of the Valley, Inc.**

Signature of Authorized Officer



Date
06-07-2024

Printed name of Authorized Officer

Yoly Coffman

Title or position of Authorized Officer

Manager Regulatory Compliance

Telephone number or Authorized
Officer.

(706) 645- 8116

Study Area Code of Reporting Carrier

220371

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

06/17/2024

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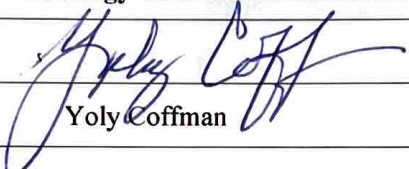
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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		Knology of the Valley, Inc.	
Signature of Authorized Officer			
Printed name of Authorized Officer		Yoly Coffman	
Title or position of Authorized Officer		Manager, Regulatory Compliance	
Telephone number or Authorized Officer.		(706) 645-8116	
Study Area Code of Reporting Carrier	220371	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	Knology Total Communications, Inc.		
Signature of Authorized Officer		Date	6/10/24
Printed name of Authorized Officer	Yoly Coffman		
Title or position of Authorized Officer	Manager Regulatory Compliance		
Telephone number or Authorized Officer.	(706) 645- 8116		
Study Area Code of Reporting Carrier	250295	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

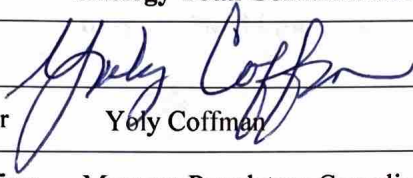
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Knology Total Communications, Inc.**

Signature of Authorized Officer



Date
6/10/24

Printed name of Authorized Officer

Yoly Coffman

Title or position of Authorized Officer

Manager Regulatory Compliance

Telephone number of Authorized Officer.

((706) 645- 8116

Study Area Code of Reporting Carrier

250295

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

06/17/2024

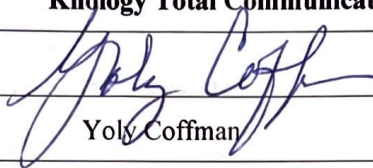
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Knology Total Communications, Inc.**

Signature of Authorized Officer



Date
6/10/24

Printed name of Authorized Officer

Yoly Coffman

Title or position of Authorized Officer

Manager Regulatory Compliance

Telephone number of Authorized Officer.

((706) 645- 8116

Study Area Code of Reporting Carrier

250295

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

06/17/2024

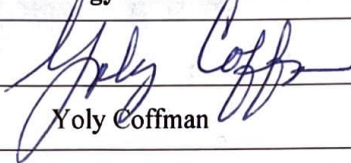
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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 **Knology Total Communications, Inc.**

Signature of Authorized Officer



Date
6/10/24

Printed name of Authorized Officer

Yoly Coffman

Title or position of Authorized Officer

Manager Regulatory Compliance

Telephone number of Authorized Officer.

((706) 645- 8116

Study Area Code of Reporting Carrier

250295

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 **Lancaster 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

240531

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	Lancaster Telephone Company d/b/a Comporium Communications
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Signature of Authorized Officer		Date	6-5-2024
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Title or position of Authorized Officer	Vice President – Regulatory Affairs
---	--

Telephone number or Authorized Officer.	(803) 326-7170
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Study Area Code of Reporting Carrier	240531		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	Lancaster 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	240531		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	Lancaster Telephone Company d/b/a Comporium Communications
---------------------------	---

Signature of Authorized Officer		Date	6-5-2024
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Printed name of Authorized Officer	Greg Lunsford
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Title or position of Authorized Officer	Vice President – Regulatory Affairs
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Telephone number or Authorized Officer.	(803) 326-7170
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Study Area Code of Reporting Carrier	240531		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024	
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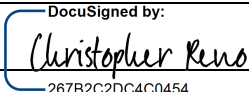
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**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Livingston Telephone Company**

Signature of Authorized Officer	<div>DocuSigned by:  267B2C2DC4C0454...</div>	Date	5/1/2024
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Printed name of Authorized Officer Christopher

Title or position of Authorized Officer Vice President-Controller

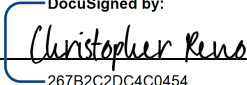
Telephone number of Authorized Officer. (_ _ _ _) 307-600-0000 ext. _ _ _ _

Study Area Code of Reporting Carrier	442107		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		Livingston Telephone Company	
Signature of Authorized Officer	<div>DocuSigned by:  267B2C2DC4C0454...</div>	Date	5/1/2024
Printed name of Authorized Officer		Christopher	
Title or position of Authorized Officer Vice President-Controller			
Telephone number or Authorized Officer. (_ _ _) 307-600-0000 ext. _ _ _ _			
Study Area Code of Reporting Carrier	442107	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		Livingston Telephone Company	
Signature of Authorized Officer	<div>DocuSigned by: <i>Christopher Reno</i> 267B2C2DC4C0454...</div>	Date	5/1/2024
Printed name of Authorized Officer		Christopher Reno	
Title or position of Authorized Officer		Vice President-Controller	
Telephone number or Authorized Officer.		(_ _ _ _) 307-600-0000 ext. _ _ _ _	
Study Area Code of Reporting Carrier	442107	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		Livingston Telephone Company		
Signature of Authorized Officer	<div><div>DocuSigned by:</div><div><i>Christopher Reno</i></div><div>267B2C2DC4C0454...</div></div>	Date	5/1/2024	
Printed name of Authorized Officer		Christopher Reno		
Title or position of Authorized Officer		Vice President-Controller		
Telephone number or Authorized Officer.		(_ _ _) 307-600-0000 ext. _ _ _ _		
Study Area Code of Reporting Carrier	442107		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 **Lumos Telephone of Botetourt, LLC.**

Signature of Authorized Officer



Date

06/10/2024

Printed name of Authorized Officer **Alison J. Brown**

Title or position of Authorized Officer **Chief Legal Officer**

Telephone number of Authorized Officer. (**917**) **549** **7538** ext. _ _ _ _

Study Area Code of Reporting Carrier

190249

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 **Lumos Telephone of Botetourt, LLC.**

Signature of Authorized Officer



Date **06/10/2024**

Printed name of Authorized Officer **Alison J. Brown**

Title or position of Authorized Officer **Chief Legal Officer**

Telephone number or Authorized Officer.

(**917**) **549** **7538** ext. _ _ _ _

Study Area Code of Reporting Carrier

190249

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 **Lumos Telephone of Botetourt, LLC.**

Signature of Authorized Officer 	Date 06/10/2024
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Printed name of Authorized Officer **Alison J. Brown**

Title or position of Authorized Officer **Chief Legal Officer**

Telephone number of Authorized Officer. **(917) 549 7538** ext. _ _ _ _

Study Area Code of Reporting Carrier 190249		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 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 **Lumos Telephone of Botetourt, LLC.**

Signature of Authorized Officer



Date

06/10/2024

Printed name of Authorized Officer **Alison J. Brown**

Title or position of Authorized Officer **Chief Legal Officer**

Telephone number or Authorized Officer.

(**917**) **549** **7538** ext. _ _ _ _

Study Area Code of Reporting Carrier

190249

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 **Manawa Telephone Company, Inc. c/o Wood County Telephone Company**

Signature of Authorized Officer

[Handwritten Signature]

Date

5/28/2024

Printed name of Authorized Officer

Jamey Lysne

Title or position of Authorized Officer

Chief Executive Officer

Telephone number or Authorized Officer.

(715) 421 8174 ext. *----*

Study Area Code of Reporting Carrier

330905

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	Manawa Telephone Company, Inc. c/o Wood County Telephone Company		
Signature of Authorized Officer		Date	5/28/2024
Printed name of Authorized Officer	Jamey Lysne		
Title or position of Authorized Officer	Chief Executive Officer		
Telephone number or Authorized Officer.	(715) 421 8174 ext. ____		
Study Area Code of Reporting Carrier	330905	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	Manawa Telephone Company, Inc. c/o Wood County Telephone Company			
Signature of Authorized Officer			Date	5/28/2024
Printed name of Authorized Officer	Jamey Lysne			
Title or position of Authorized Officer	Chief Executive Officer			
Telephone number of Authorized Officer.	(715) 421 8174 ext. ____			
Study Area Code of Reporting Carrier	330905		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 **Manawa Telephone Company, Inc. c/o Wood County Telephone Company**

Signature of Authorized Officer



Date

5/28/2024

Printed name of Authorized Officer

Jamey Lysne

Title or position of Authorized Officer

Chief Executive Officer

Telephone number of Authorized Officer.

(715) 421 8174 ext. ____

Study Area Code of Reporting Carrier

330905

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)
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Name of Reporting Carrier	Mark Twain Rural Telephone Company
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Signature of Authorized Officer		Date 06/04/2024
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Printed name of Authorized Officer	Jim Lyon
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Title or position of Authorized Officer	CEO & General Manager
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Telephone number or Authorized Officer.	(660) 423-5211 ext. _ _ _ _
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Study Area Code of Reporting Carrier	421914		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	Mark Twain Rural Telephone Company				
Signature of Authorized Officer			Date 06/04/2024		
Printed name of Authorized Officer	Jim Lyon				
Title or position of Authorized Officer	CEO & General Manager				
Telephone number or Authorized Officer.	(660) 423-5211 ext. _ _ _ _				
Study Area Code of Reporting Carrier	421914		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	Mark Twain Rural Telephone Company
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Signature of Authorized Officer		Date 06/04/2024
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Printed name of Authorized Officer	Jim Lyon
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Title or position of Authorized Officer	CEO & General Manager
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Telephone number or Authorized Officer.	(660) 423-5211 ext. _ _ _ _
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Study Area Code of Reporting Carrier	421914		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 **Mark Twain Rural Telephone Company**

Signature of Authorized Officer



Date 06/04/2024

Printed name of Authorized Officer **Jim Lyon**

Title or position of Authorized Officer **CEO & General Manager**

Telephone number of Authorized Officer.

(660) 423-5211 ext. _ _ _ _

Study Area Code of Reporting Carrier

421914

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 **Matanuska Telecom Association**

Signature of Authorized Officer	<div>DocuSigned by: <i>Ryan Ponder</i> 0DED9643B76C4EF...</div>	Date	5/29/2024
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Printed name of Authorized Officer Ryan Ponder

Title or position of Authorized Officer VP Legal, Regulatory and Government Affairs

Telephone number or Authorized Officer. (907) 761-2413

Study Area Code of Reporting Carrier	613015		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	Matanuska Telecom Association		
Signature of Authorized Officer	<div>DeeuSigned by: <i>Ryan Ponder</i> 0DED9845B76C4EF...</div>	Date	5/29/2024
Printed name of Authorized Officer	Ryan Ponder		
Title or position of Authorized Officer	VP Legal, Regulatory and Government Affairs		
Telephone number or Authorized Officer.	(907) 761-2413		
Study Area Code of Reporting Carrier	613015	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	Matanuska Telecom Association				
Signature of Authorized Officer	<div>DocuSigned by: Ryan Ponder 0DED9845B76C4EF...</div>			Date	5/29/2024
Printed name of Authorized Officer	Ryan Ponder				
Title or position of Authorized Officer	VP Legal, Regulatory and Government Affairs				
Telephone number or Authorized Officer.	(907) 761-2413				
Study Area Code of Reporting Carrier	613015		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	Matanuska Telecom Association			
Signature of Authorized Officer	<div>DocuSigned by: Ryan Ponder 0DE09845B76C4EF...</div>		Date	5/29/2024
Printed name of Authorized Officer	Ryan Ponder			
Title or position of Authorized Officer	VP Legal, Regulatory and Government Affairs			
Telephone number or Authorized Officer.	(907) 761-2413			
Study Area Code of Reporting Carrier	613015		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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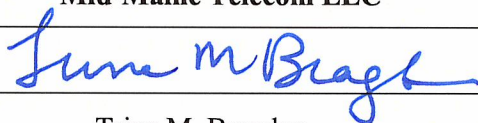
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Mid-Maine Telecom 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

103315

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

06/17/2024

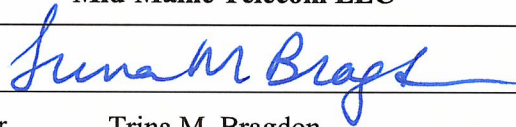
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Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 **Mid-Maine Telecom 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

103315

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

06/17/2024

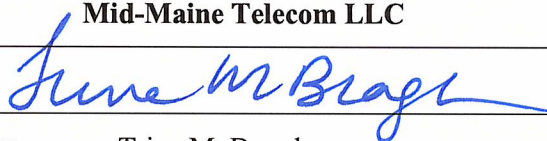
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Mid-Maine Telecom 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

103315

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

06/17/2024

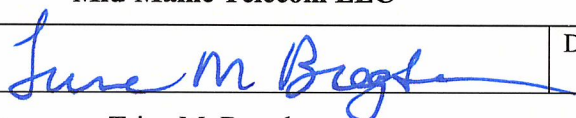
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

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 **Mid-Maine Telecom 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

103315



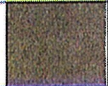
Filing Due Date for this form
(mm/dd/yyyy)

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	Mid-Plains Rural Tel. Coop., Inc.				
Signature of Authorized Officer			Date 05-16-2024		
Printed name of Authorized Officer	Dusty George				
Title or position of Authorized Officer	CEO/General Manager				
Telephone number of Authorized Officer.	(806) 668 4420 ext. _____				
Study Area Code of Reporting Carrier	442112		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		Mid-Plains Rural Tel. Coop., Inc.	
Signature of Authorized Officer		Date	
		05-16-2024	
Printed name of Authorized Officer		Dusty George	
Title or position of Authorized Officer		CEO/General Manager	
Telephone number of Authorized Officer.		(806)668-4420 ext. _____	
Study Area Code of Reporting Carrier	442112	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 **Mid-Plains Rural Tel. Coop., Inc.**

Signature of Authorized Officer

Dusty George

Date **05-16-2024**

Printed name of Authorized Officer

Dusty George

Title or position of Authorized Officer

CEO/General Manager

Telephone number of Authorized Officer.

(806 668-4420 ext.)

Study Area Code of Reporting Carrier

442112

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		Mid-Plains Rural Tel. Coop., Inc.	
Signature of Authorized Officer		Date 05-16-2024	
Printed name of Authorized Officer		Dusty George	
Title or position of Authorized Officer		CEO/General Manager	
Telephone number of Authorized Officer.		(_ 806) 668-4420 _ _ _ _ ext. _ _ _ _	
Study Area Code of Reporting Carrier	442112	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 **Miller Telephone Company**

Signature of Authorized Officer <i>John R. Ludenia</i>	Date <i>05/29/2024</i>
--	------------------------

Printed name of Authorized Officer John R Ludenia

Title or position of Authorized Officer Vice President

Telephone number of Authorized Officer. 304-983-8642

Study Area Code of Reporting Carrier 421920		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	Miller Telephone Company			
Signature of Authorized Officer	<i>John R. Ludenia</i>		Date	05/29/2024
Printed name of Authorized Officer	John R Ludenia			
Title or position of Authorized Officer	Vice President			
Telephone number of Authorized Officer.	(304) 983-8642			
Study Area Code of Reporting Carrier	421920		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 **Miller Telephone Company**

Signature of Authorized Officer

John R Ludenia

Date

05/29/2024

Printed name of Authorized Officer

John R Ludenia

Title or position of Authorized Officer

Vice President

Telephone number of Authorized
Officer.

(304) 983-8642

Study Area Code of Reporting Carrier

421920

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 **Miller Telephone Company**

Signature of Authorized Officer

John R Ludenia

Date

05/29/2024

Printed name of Authorized Officer John R Ludenia

Title or position of Authorized Officer Vice President

Telephone number or Authorized
Officer.

(304) 9838-8642

Study Area Code of Reporting Carrier

421920

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 **Millington Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/4/2024

Printed name of Authorized Officer Lexanne Horton

Title or position of Authorized Officer CFO

Telephone number of Authorized Officer. (870) 336 - 2321 ext. _ _ _ _

Study Area Code of Reporting Carrier

290571

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 **Millington Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/4/2024

Printed name of Authorized Officer **Lexanne Horton**

Title or position of Authorized Officer **CFO**

Telephone number or Authorized Officer.

(870) 336 - 2321 __ __ ext. __ __ __ __

Study Area Code of Reporting Carrier

290571

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 **Millington Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/4/2024

Printed name of Authorized Officer

Lexanne Horton

Title or position of Authorized Officer

CFO

Telephone number or Authorized
Officer.

(870) 336 - 2321 __ __ ext. __ __ __ __

Study Area Code of Reporting Carrier

290571

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 **Millington Telephone Company, Inc.**

Signature of Authorized Officer



Date

6/4/2024

Printed name of Authorized Officer **Lexanne Horton**

Title or position of Authorized Officer **CFO**

Telephone number or Authorized
Officer.

(**870**) **336** - **2321** ext.

Study Area Code of Reporting Carrier

290571

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

06/17/2024

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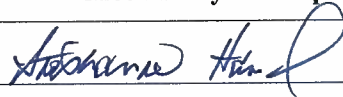
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to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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 **Mound Bayou Telephone & Communications, 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

280462

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 **Mound Bayou Telephone & Communications, Inc.**

Signature of Authorized Officer 	Date 6/10/2024
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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 280462		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024	
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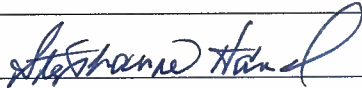
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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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 **Mound Bayou Telephone & Communications, 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

280462

Filing Due Date for this form
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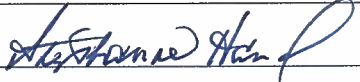
06/17/2024

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Name of Reporting Carrier **Mound Bayou Telephone & Communications, Inc.**

Signature of Authorized Officer		Date	6/10/2024
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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	280462	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024
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