



**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                      **Mutual Telephone Company**

Signature of Authorized Officer *Ryan Boone*                      Date **Jun 7, 2024**

Printed name of Authorized Officer                      **Ryan Boone**

Title or position of Authorized Officer                      **CEO**

Telephone number of Authorized Officer.                      **(712) 722-3451 ext. \_ \_ \_ \_ \_**

Study Area Code of Reporting Carrier	<b>351252</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2024</b>
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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                      **Mutual Telephone Company**

Signature of Authorized Officer *Ryan Boone*                      Date  
**Jun 7, 2024**

Printed name of Authorized Officer                      Ryan Boone

Title or position of Authorized Officer                      CEO

Telephone number of Authorized Officer.                      (712) 722 - 3451 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier	<b>351252</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2024</b>	
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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.



# Premier-Mutual Certifications for 2024 Annual Filing

Final Audit Report

2024-06-07

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## "Premier-Mutual Certifications for 2024 Annual Filing" History

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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	Northern Iowa Telephone Company		
Signature of Authorized Officer	<i>Ryan Boone</i>	Date	Jun 7, 2024
Printed name of Authorized Officer	Ryan Boone		
Title or position of Authorized Officer	CEO		
Telephone number of Authorized Officer.	(712) 722 – 3451 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>351259</b>	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                      **Northern Iowa Telephone Company**

Signature of Authorized Officer *Ryan Boone*                      Date **Jun 7, 2024**

Printed name of Authorized Officer                      **Ryan Boone**

Title or position of Authorized Officer                      **CEO**

Telephone number or Authorized Officer.                      **(712) 722 – 3451 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier	<b>351259</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2024</b>	
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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                      **Northern Iowa Telephone Company**

Signature of Authorized Officer *Ryan Boone*

Date  
**Jun 7, 2024**

Printed name of Authorized Officer              **Ryan Boone**

Title or position of Authorized Officer      **CEO**

Telephone number of Authorized Officer.              **(712) 722 – 3451 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**351259**

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                      **Northern Iowa Telephone Company**

Signature of Authorized Officer *Ryan Boone*                      Date **Jun 7, 2024**

Printed name of Authorized Officer                      **Ryan Boone**

Title or position of Authorized Officer                      **CEO**

Telephone number or Authorized Officer.                      **(712) 722 – 3451 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier	<b>351259</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2024</b>
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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.

# Premier-No Iowa Certifications for 2024 Annual Filing

Final Audit Report

2024-06-07

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2024-06-07 - 6:52:08 PM GMT
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-  Agreement completed.  
2024-06-07 - 6:52:22 PM GMT

**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                      **Royal Telephone Company d/b/a Premier Communications**

Signature of Authorized Officer     *Ryan Boone*

Date  
**Jun 7, 2024**

Printed name of Authorized Officer              Ryan Boone

Title or position of Authorized Officer      CEO

Telephone number of Authorized Officer.      (712) 722 – 3451 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier      **351283**

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 **Royal Telephone Company d/b/a Premier Communications**

Signature of Authorized Officer *Ryan Boone* Date **Jun 7, 2024**

Printed name of Authorized Officer **Ryan Boone**

Title or position of Authorized Officer **CEO**

Telephone number or Authorized Officer. **(712) 722 – 3451 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier	<b>351283</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2024</b>	
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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 **Royal Telephone Company d/b/a Premier Communications**

Signature of Authorized Officer *Ryan Boone* Date **Jun 7, 2024**

Printed name of Authorized Officer **Ryan Boone**

Title or position of Authorized Officer **CEO**

Telephone number or Authorized Officer. **(712) 722 – 3451 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier	<b>351283</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2024</b>	
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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 **Royal Telephone Company d/b/a Premier Communications**

Signature of Authorized Officer *Ryan Boone*

Date **Jun 7, 2024**

Printed name of Authorized Officer **Ryan Boone**

Title or position of Authorized Officer **CEO**

Telephone number or Authorized Officer. **(712) 722 – 3451 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**351283**

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.

# Premier-Royal Certs for 2024 Annual Filing

Final Audit Report

2024-06-07

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-  Agreement completed.  
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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                      **Webb-Dickens Telephone Corporation**

Signature of Authorized Officer              *Ryan Boone*

Date  
**Jun 7, 2024**

Printed name of Authorized Officer              Ryan Boone

Title or position of Authorized Officer        CEO

Telephone number of Authorized Officer.      (712) 722 – 3451 ext. \_ \_ \_ \_

Study Area Code of Reporting Carrier        **351327**

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                      **Webb-Dickens Telephone Corporation**

Signature of Authorized Officer *Ryan Boone*

Date **Jun 7, 2024**

Printed name of Authorized Officer              **Ryan Boone**

Title or position of Authorized Officer        **CEO**

Telephone number or Authorized Officer.              **(712) 722 – 3451 ext. \_ \_ \_ \_ \_**

Study Area Code of Reporting Carrier        **351327**

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		<b>Webb-Dickens Telephone Corporation</b>	
Signature of Authorized Officer <i>Ryan Boone</i>		Date <b>Jun 7, 2024</b>	
Printed name of Authorized Officer		Ryan Boone	
Title or position of Authorized Officer		CEO	
Telephone number or Authorized Officer.		(712) 722 – 3451 ext. _ _ _ _	
Study Area Code of Reporting Carrier	<b>351327</b>	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.



# Premier-Webb-Dickens Certs for 2024 Annual Filing

Final Audit Report

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-  Document e-signed by Ryan Boone (rboone@mypremieronline.com)  
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-  Agreement completed.  
2024-06-07 - 6:51:42 PM GMT





**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 **Heartland Telecommunications Company of Iowa d/b/a Premier Communications**

Signature of Authorized Officer *Ryan Boone*

Date  
**Jun 7, 2024**

Printed name of Authorized Officer **Ryan Boone**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer. **(712) 722 – 3451 ext. \_ \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**351096**

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                      **Heartland Telecommunications Company of Iowa d/b/a Premier Communications**

Signature of Authorized Officer *Ryan Boone*

Date                      **Jun 7, 2024**

Printed name of Authorized Officer                      **Ryan Boone**

Title or position of Authorized Officer                      **CEO**

Telephone number of Authorized Officer.                      **(712) 722 – 3451 ext. \_ \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**351096**

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

**06/17/2024**

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# Premier-Heartland Certifications for 2024 Annual Filing

Final Audit Report

2024-06-07

Created:	2024-06-07
By:	Kayla Gotto (kaylag@mypremieronline.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA77Qq0YYDIhKL3A-FLmJu6F5SwydZhqTU

## "Premier-Heartland Certifications for 2024 Annual Filing" History

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2024-06-07 - 6:52:42 PM GMT
-  Document e-signed by Ryan Boone (rboone@mypremieronline.com)  
Signature Date: 2024-06-07 - 6:52:53 PM GMT - Time Source: server
-  Agreement completed.  
2024-06-07 - 6:52:53 PM GMT



**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                      **Hospers Telephone Exchange, Inc.**

Signature of Authorized Officer *Ryan Boone*                      Date **Jun 7, 2024**

Printed name of Authorized Officer                      **Ryan Boone**

Title or position of Authorized Officer                      **CEO**

Telephone number of Authorized Officer.                      **(712) 722 - 3451 ext. \_ \_ \_ \_ \_**

Study Area Code of Reporting Carrier	<b>351202</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2024</b>
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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 **Hospers Telephone Exchange, Inc.**

Signature of Authorized Officer *Ryan Boone*

Date  
**Jun 7, 2024**

Printed name of Authorized Officer **Ryan Boone**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer. **(712) 722 - 3451 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**351202**

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                      **Hospers Telephone Exchange, Inc.**

Signature of Authorized Officer *Ryan Boone*

Date  
**Jun 7, 2024**

Printed name of Authorized Officer              **Ryan Boone**

Title or position of Authorized Officer      **CEO**

Telephone number of Authorized Officer.              **(712) 722 - 3451 ext. \_ \_ \_ \_ \_**

Study Area Code of Reporting Carrier	<b>351202</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2024</b>	
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# Hospers Certifications for 2024 Annual Filing

Final Audit Report

2024-06-07

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By:	Kayla Gotto (kaylag@mypremieronline.com)
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-  Document e-signed by Ryan Boone (rboone@mypremieronline.com)  
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-  Agreement completed.  
2024-06-07 - 6:53:07 PM GMT

**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	Smart City Telecommunications LLC d/b/a Smart City Telecom		
Signature of Authorized Officer	E-SIGNED by Marty Rubin on 2024-05-23 03:52:39 GMT	Date	May 23, 2024
Printed name of Authorized Officer	Martin Rubin		
Title or position of Authorized Officer	President & CEO		
Telephone number of Authorized Officer.	( 407 ) 828-6659 ext. _ _ _ _		
Study Area Code of Reporting Carrier	210330	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

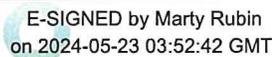
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

**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                      **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer

E-SIGNED by Marty Rubin  
on 2024-05-23 03:52:42 GMT

Date                      **May 23, 2024**

Printed name of Authorized Officer                      **Martin Rubin**

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

Telephone number of Authorized Officer.                      **( 407 ) 828-6659 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier

**210330**

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	<b>Smart City Telecommunications LLC d/b/a Smart City Telecom</b>		
Signature of Authorized Officer	E-SIGNED by Marty Rubin on 2024-05-23 03:52:44 GMT	Date	May 23, 2024
Printed name of Authorized Officer	Martin Rubin		
Title or position of Authorized Officer	President & CEO		
Telephone number of Authorized Officer.	( 407 ) 828-6659 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>210330</b>	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 **Smart City Telecommunications LLC d/b/a Smart City Telecom**

Signature of Authorized Officer **E-SIGNED by Marty Rubin  
on 2024-05-23 03:52:47 GMT** Date **May 23, 2024**

Printed name of Authorized Officer **Martin Rubin**

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

Telephone number or Authorized Officer. **( 407 ) 828-6659 ext. \_ \_ \_ \_**

Study Area Code of Reporting Carrier	<b>210330</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2024</b>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

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

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

Signature of Authorized Officer     *Stacey Mueller*

Date  
06/10/2024

Printed name of Authorized Officer              Stacey Mueller

Title or position of Authorized Officer     Chief Financial Officer

Telephone number of Authorized Officer.     (406) 541-5000

Study Area Code of Reporting Carrier     **482235**

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                      **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer     *Stacey Mueller*

Date  
6/10/2024

Printed name of Authorized Officer        Stacey Mueller

Title or position of Authorized Officer    Chief Financial Officer

Telephone number of Authorized Officer.        (406) 541-5000

Study Area Code of Reporting Carrier	<b>482235</b>		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                      **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer <i>Stacey Mueller</i>	Date 6/10/2024
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Printed name of Authorized Officer              Stacey Mueller

Title or position of Authorized Officer        Chief Financial Officer

Telephone number of Authorized Officer.              (406) 541-5000

Study Area Code of Reporting Carrier	<b>482235</b>		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                      **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer     *Stacey Mueller*

Date  
6/10/2024

Printed name of Authorized Officer        **Stacey Mueller**

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

Telephone number or Authorized  
Officer.    **(406) 541-5000**

Study Area Code of Reporting Carrier    **482235**

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

Final Audit Report

2024-06-10

Created:	2024-06-10
By:	Michelle Owens (mowens@blackfoot.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAaWbR_z_CPZdL34PY3O-pfMqH1ty9K1J2

## "Certification of Officer" History

-  Document created by Michelle Owens (mowens@blackfoot.com)  
2024-06-10 - 5:19:07 PM GMT
-  Document emailed to Stacey Mueller (smueller@blackfoot.com) for signature  
2024-06-10 - 5:19:12 PM GMT
-  Email viewed by Stacey Mueller (smueller@blackfoot.com)  
2024-06-10 - 5:29:13 PM GMT
-  Document e-signed by Stacey Mueller (smueller@blackfoot.com)  
Signature Date: 2024-06-10 - 5:29:26 PM GMT - Time Source: server
-  Agreement completed.  
2024-06-10 - 5:29:26 PM GMT



**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	<b>Blackfoot Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer	<i>Stacey Mueller</i>	Date	06/10/2024
Printed name of Authorized Officer	Stacey Mueller		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer.	(406) 541-5000		
Study Area Code of Reporting Carrier	<b>483308</b>	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                      **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer <i>Stacey Mueller</i>	Date 6/10/2024
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Printed name of Authorized Officer              Stacey Mueller

Title or position of Authorized Officer      Chief Financial Officer

Telephone number of Authorized Officer.              (406) 541-5000

Study Area Code of Reporting Carrier	<b>483308</b>		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                      **Blackfoot Telephone Cooperative, Inc.**

Signature of Authorized Officer <i>Stacey Mueller</i>	Date 6/10/2024
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Printed name of Authorized Officer              Stacey Mueller

Title or position of Authorized Officer      Chief Financial Officer

Telephone number or Authorized Officer.              (406) 541-5000

Study Area Code of Reporting Carrier	<b>483308</b>	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	<b>Blackfoot Telephone Cooperative, Inc.</b>		
Signature of Authorized Officer	<i>Stacey Mueller</i>	Date	6/10/2024
Printed name of Authorized Officer	Stacey Mueller		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number or Authorized Officer.	(406) 541-5000		
Study Area Code of Reporting Carrier	<b>483308</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>06/17/2024</b>

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# Certification of Officer

Final Audit Report

2024-06-10

Created:	2024-06-10
By:	Michelle Owens (mowens@blackfoot.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAATZAvhZiD7WFjp3IfVAti7QYw1Nxe_OBN

## "Certification of Officer" History

-  Document created by Michelle Owens (mowens@blackfoot.com)  
2024-06-10 - 5:22:19 PM GMT
-  Document emailed to Stacey Mueller (smueller@blackfoot.com) for signature  
2024-06-10 - 5:22:23 PM GMT
-  Email viewed by Stacey Mueller (smueller@blackfoot.com)  
2024-06-10 - 5:28:49 PM GMT
-  Document e-signed by Stacey Mueller (smueller@blackfoot.com)  
Signature Date: 2024-06-10 - 5:29:04 PM GMT - Time Source: server
-  Agreement completed.  
2024-06-10 - 5:29:04 PM GMT

**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	Fremont Telcom Co.		
Signature of Authorized Officer	<i>Stacey Mueller</i>	Date	06/10/2024
Printed name of Authorized Officer	Stacey Mueller		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer.	(406) 541-5000		
Study Area Code of Reporting Carrier	472222/473333	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	<b>Fremont Telcom Co.</b>		
Signature of Authorized Officer	<i>Stacey Mueller</i>	Date	6/10/2024
Printed name of Authorized Officer	Stacey Mueller		
Title or position of Authorized Officer	Chief Financial Officer		
Telephone number of Authorized Officer.	(406) 541-5000		
Study Area Code of Reporting Carrier	472222/473333	Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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**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                      **Fremont Telcom Co.**

Signature of Authorized Officer     *Stacey Mueller*

Date  
6/10/2024

Printed name of Authorized Officer        **Stacey Mueller**

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

Telephone number of Authorized  
Officer.    **(406) 541-5000**

Study Area Code of Reporting  
Carrier

**472222/473333**

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                      **Fremont Telcom Co.**

Signature of Authorized Officer     *Stacey Mueller*

Date  
**6/10/2024**

Printed name of Authorized Officer         **Stacey Mueller**

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

Telephone number of Authorized Officer.         **(406) 541-5000**

Study Area Code of Reporting Carrier

**472222/473333**

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

**06/17/2024**

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# Certification of Officer

Final Audit Report

2024-06-10

Created:	2024-06-10
By:	Michelle Owens (mowens@blackfoot.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAx83zloyTpD5hQLHCNEcnGKOcr1sGPypb

## "Certification of Officer" History

-  Document created by Michelle Owens (mowens@blackfoot.com)  
2024-06-10 - 5:26:18 PM GMT
-  Document emailed to Stacey Mueller (smueller@blackfoot.com) for signature  
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-  Email viewed by Stacey Mueller (smueller@blackfoot.com)  
2024-06-10 - 5:28:23 PM GMT
-  Document e-signed by Stacey Mueller (smueller@blackfoot.com)  
Signature Date: 2024-06-10 - 5:28:39 PM GMT - Time Source: server
-  Agreement completed.  
2024-06-10 - 5:28:39 PM GMT

