

**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 **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 **351252**

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 **Mutual Telephone Company**

Signature of Authorized Officer <i>Ryan Boone</i>	Date Jun 7, 2024
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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	351252		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	Mutual Telephone Company
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Signature of Authorized Officer <i>Ryan Boone</i>	Date Jun 7, 2024
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Printed name of Authorized Officer	Ryan Boone
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Title or position of Authorized Officer	CEO
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Telephone number or Authorized Officer.	(712) 722 - 3451 ext. _ _ _ _
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Study Area Code of Reporting Carrier	351252		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 **Mutual Telephone Company**

Signature of Authorized Officer <i>Ryan Boone</i>	Date Jun 7, 2024
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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	351252		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024	
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Premier-Mutual Certifications for 2024 Annual Filing

Final Audit Report

2024-06-07

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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 *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

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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 **Northern Iowa Telephone Company**

Signature of Authorized Officer <i>Ryan Boone</i>	Date Jun 7, 2024
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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	
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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 **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

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.






Premier-No Iowa Certifications 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)
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Name of Reporting Carrier	Royal Telephone Company d/b/a Premier Communications
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Signature of Authorized Officer <i>Ryan Boone</i>	Date Jun 7, 2024
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Printed name of Authorized Officer	Ryan Boone
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Title or position of Authorized Officer	CEO
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Telephone number of Authorized Officer.	(712) 722 – 3451 ext. _ _ _ _
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Study Area Code of Reporting Carrier	351283		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	Royal Telephone Company d/b/a Premier Communications
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Signature of Authorized Officer <i>Ryan Boone</i>	Date Jun 7, 2024
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Printed name of Authorized Officer	Ryan Boone
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Title or position of Authorized Officer	CEO
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Telephone number or Authorized Officer.	(712) 722 – 3451 ext. _ _ _ _
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Study Area Code of Reporting Carrier	351283		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	Royal Telephone Company d/b/a Premier Communications
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Signature of Authorized Officer <i>Ryan Boone</i>	Date Jun 7, 2024
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Printed name of Authorized Officer	Ryan Boone
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Title or position of Authorized Officer	CEO
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Telephone number of Authorized Officer.	(712) 722 – 3451 ext. _ _ _ _
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Study Area Code of Reporting Carrier	351283		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	Royal Telephone Company d/b/a Premier Communications
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Signature of Authorized Officer <i>Ryan Boone</i>	Date Jun 7, 2024
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Printed name of Authorized Officer	Ryan Boone
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Title or position of Authorized Officer	CEO
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Telephone number or Authorized Officer.	(712) 722 – 3451 ext. _ _ _ _
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Study Area Code of Reporting Carrier	351283		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024	
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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 <i>Ryan Boone</i>	Date Jun 7, 2024
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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	
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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	Webb-Dickens Telephone Corporation
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Signature of Authorized Officer <i>Ryan Boone</i>	Date
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Jun 7, 2024

Printed name of Authorized Officer	Ryan Boone
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Title or position of Authorized Officer	CEO
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Telephone number or Authorized Officer.	
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(712) 722 – 3451 ext. _ _ _ _

Study Area Code of Reporting Carrier	351327		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 **Webb-Dickens Telephone Corporation**

Signature of Authorized Officer <i>Ryan Boone</i>	Date Jun 7, 2024
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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	
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Premier-Webb-Dickens Certs for 2024 Annual Filing

Final Audit Report

2024-06-07

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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 **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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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		Heartland Telecommunications Company of Iowa d/b/a Premier Communications			
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 or 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 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
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Signature of Authorized Officer <i>Ryan Boone</i>	Date Jun 7, 2024
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Printed name of Authorized Officer	Ryan Boone
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Title or position of Authorized Officer	CEO
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Telephone number or Authorized Officer.	(712) 722 – 3451 ext. _ _ _ _
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Study Area Code of Reporting Carrier	351096		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	Heartland Telecommunications Company of Iowa d/b/a Premier Communications
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Signature of Authorized Officer <i>Ryan Boone</i>

Date Jun 7, 2024

Printed name of Authorized Officer	Ryan Boone
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Title or position of Authorized Officer	CEO
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Telephone number or Authorized Officer.	(712) 722 – 3451 ext. _ _ _ _
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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.






Premier-Heartland Certifications for 2024 Annual Filing

Final Audit Report

2024-06-07

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-  Agreement completed.
2024-06-07 - 6:52:53 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 **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 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 <i>Ryan Boone</i>	Date Jun 7, 2024
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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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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 **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

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 **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 or 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

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.






Hospers 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:	CBJCHBCAABAAcV5ddC4P-QFPbCHyrJP3LHBbyv0dcn_w

"Hospers Certifications for 2024 Annual Filing" History

-  Document created by Kayla Gotto (kaylag@mypremieronline.com)
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-  Document emailed to Ryan Boone (rboone@mypremieronline.com) for signature
2024-06-07 - 6:24:34 PM GMT
-  Email viewed by Ryan Boone (rboone@mypremieronline.com)
2024-06-07 - 6:52:57 PM GMT
-  Document e-signed by Ryan Boone (rboone@mypremieronline.com)
Signature Date: 2024-06-07 - 6:53:07 PM GMT - Time Source: server
-  Agreement completed.
2024-06-07 - 6:53:07 PM GMT

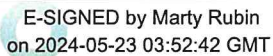
**Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier**

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				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	Smart City Telecommunications LLC d/b/a Smart City Telecom				
Signature of Authorized Officer	E-SIGNED by Marty Rubin on 2024-05-23 03:52:44 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	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 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
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Signature of Authorized Officer	E-SIGNED by Marty Rubin on 2024-05-23 03:52:47 GMT	Date May 23, 2024
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Printed name of Authorized Officer	Martin Rubin
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Title or position of Authorized Officer	President & CEO
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Telephone number or Authorized Officer.	(407) 828-6659 ext. _ _ _ _
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Study Area Code of Reporting Carrier	210330		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)
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Name of Reporting Carrier	Blackfoot Telephone Cooperative, Inc.
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Signature of Authorized Officer <i>Stacey Mueller</i>	Date 06/10/2024
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Printed name of Authorized Officer	Stacey Mueller
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Title or position of Authorized Officer	Chief Financial Officer
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Telephone number of Authorized Officer.	(406) 541-5000
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Study Area Code of Reporting Carrier	482235		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	Blackfoot Telephone Cooperative, Inc.				
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	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 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.
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Signature of Authorized Officer	<i>Stacey Mueller</i>	Date	6/10/2024
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Printed name of Authorized Officer	Stacey Mueller
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Title or position of Authorized Officer	Chief Financial Officer
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Telephone number or Authorized Officer.	(406) 541-5000
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Study Area Code of Reporting Carrier	482235		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	Blackfoot Telephone Cooperative, Inc.
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Signature of Authorized Officer	<i>Stacey Mueller</i>	Date	6/10/2024
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Printed name of Authorized Officer	Stacey Mueller
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Title or position of Authorized Officer	Chief Financial Officer
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Telephone number of Authorized Officer.	(406) 541-5000
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Study Area Code of Reporting Carrier	482235		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

Final Audit Report

2024-06-10

Created:	2024-06-10
By:	Michelle Owens (mowens@blackfoot.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAwHbR_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)
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Name of Reporting Carrier	Blackfoot Telephone Cooperative, Inc.
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Signature of Authorized Officer <i>Stacey Mueller</i>	Date 06/10/2024
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Printed name of Authorized Officer	Stacey Mueller
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Title or position of Authorized Officer	Chief Financial Officer
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Telephone number of Authorized Officer.	(406) 541-5000
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Study Area Code of Reporting Carrier	483308		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 **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	483308		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	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
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Title or position of Authorized Officer	Chief Financial Officer
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Telephone number of Authorized Officer.	(406) 541-5000
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Study Area Code of Reporting Carrier	483308		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	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
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Title or position of Authorized Officer	Chief Financial Officer
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Telephone number or Authorized Officer.	(406) 541-5000
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Study Area Code of Reporting Carrier	483308		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

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 *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

472222/473333

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	Fremont Telcom Co.		
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
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 **Fremont Telecom Co.**

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	472222/473333		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 **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

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:	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
2024-06-10 - 5:26:21 PM GMT
-  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