TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**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).**

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|---|---|
| Name of Reporting Carrier: | BRANTLEY TEL. CO., INC. |
| Signature of Authorized Officer or employee: | **Donovan Strickland** Digitally signed by Donovan Strickland DN:cn=Donovan Strickland,email=donos@btconline.net,O=brantley tel. co., inc.,l=Nahunta GA 31553, Date:5/23/2023 |
| Date: | 5/23/2023 |
| Printed name of Authorized Officer or employee: | Donovan Strickland |
| Title or position of Authorized Officer or employee: | Vice President/General Manager |
| Telephone number of Authorized Officer or employee: | 912-462-5111 |

| | | | | | |
|---|---|---|---|---|---|
| Study Area Code of Reporting Carrier | 220347 | | Filing Due Date for this form (mm/dd/yyyy) | 6/16/2023 | |

**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.**