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).

Name of Reporting Carrier:	BULLOCH CNTY. RURAL TEL. COOP., INC.
Signature of Authorized Officer or employee:	**John Scott** Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch cnty. rural tel. coop., inc.,l= , Date:5/24/2023
Date:	5/24/2023
Printed name of Authorized Officer or employee:	John Scott
Title or position of Authorized Officer or employee:	General Manager/COO
Telephone number of Authorized Officer or employee:	912-865-1100

Study Area Code of Reporting Carrier	220348		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.