TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**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: GLENWOOD TEL. CO.

Signature of Authorized Officer or employee: **James O'Brien**

Digitally signed by James O'Brien DN:cn=James O'Brien,email=glenwoodtelephone@gmail.com,O=glenwood tel. co.,l=Glenwood GA 30428-0235, Date:5/22/2023

Date: 5/22/2023

Printed name of Authorized Officer or employee: James O'Brien

Title or position of Authorized Officer or employee: Chief Executive Officer

Telephone number of Authorized Officer or employee: 912-523-5111

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|---|---|---|---|---|---|
| Study Area Code of Reporting Carrier | 220365 | | 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.**