TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

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

I certify that (Name of Agent) National Exchange Carriers Association, Inc. **is authorized to submit the 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 knwoledge, the actual data provided to the Authorized Agent is accurate.**

Name of Authorized Agent :	National Exchange Carriers Association, Inc.
Name of Reporting Carrier:	PEMBROKE TEL. CO., INC.
Signature of Authorized Officer:	**Mary Anna Hite** Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelco.com,O=pembroke tel. co., inc.,l=Pembroke GA 31321, Date:5/24/2023
Date:	5/24/2023
Printed name of Authorized Officer:	Mary Anna Hite
Title or position of Authorized Officer:	Secretary-Treasurer/General Manager
Telephone number of authorized officer:	912-653-4389

Study Area Code of Reporting Carrier	220376		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.