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: ALMA TEL. CO., INC.

Signature of Authorized Officer or employee: **Laure Cohen**	Digitally signed by Laure Cohen DN:cn=Laure Cohen,email=lcohen@atcnetworks.net,O=alma tel. co., inc.,l=Alma GA 31510, Date:5/29/2024	Date: 5/29/2024

Printed name of Authorized Officer or employee: Laure Cohen

Title or position of Authorized Officer or employee: Controller

Telephone number of Authorized Officer or employee: 912-632-3117

Study Area Code of Reporting Carrier	220344		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	

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.