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: BULLOCH CNTY. RURAL TEL. COOP., INC.

Signature of Authorized Officer or employee:	Date:
John Scott Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch cnty. rural tel. coop., inc.,l= , Date:5/28/2024	5/28/2024

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)	6/17/2024	

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.