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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	Waverly Hall Telephone				
Signature of authorized officer	DocuSigned by: Christopher Reno 267B2C2DC4C0454...		Date	5/29/2024	
Printed name of authorized officer	Christopher Reno				
Title or position of authorized officer	Vice President-Controller				
Telephone number of authorized officer:	( ) - , ext. 307-600-0000				
Study Area Code of Reporting Carrier	220392		Filing Due Date for this form (mm/dd/yyyy)	05/31/2024	

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.