TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier	PlantTel			
Signature of Authorized Officer	Eric Ramey	Digitally signed by Eric Ramey Date: 2024.05.31 14:59:48 -04'00'	Date	
Printed name of Authorized Officer	Eric Ramey			
Title or position of Authorized Officer	SVP -Regulatory & HR			
Telephone number of Authorized Officer: (___) ___ - ____, ext. _____	803-581-9152			
Study Area Code of Reporting Carrier	220379		Filing Due Date for this form (mm/dd/yyyy)	June 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.