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:	PROGRESSIVE RURAL TEL. COOP., INC.		
Signature of Authorized Officer:	**Ron Chambers** Digitally signed by Ron Chambers DN:cn=Ron Chambers,email=ron.chambers@prtc.co,O=progressive rural tel. coop., inc.,l=Rentz GA 31075, Date:5/21/2024	Date:	5/21/2024
Printed name of Authorized Officer:	Ron Chambers		
Title or position of Authorized Officer:	General Manager		
Telephone number of Authorized Officer:	478-984-4201		
Study Area Code of Reporting Carrier	220380	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.