Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)			
Name of Reporting Carrier	**Pineland Telephone Cooperative, Inc.**			
Signature of Authorized Officer			Date	6/7/24
Printed name of Authorized Officer	Dustin Durden			
Title or position of Authorized Officer	CEO			
Telephone number or Authorized Officer.	(912) 685 2121 ext. ____			
Study Area Code of Reporting Carrier	**220377**		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024

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.

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	**Pineland Telephone Cooperative, Inc.**				
Signature of Authorized Officer			Date	6/7/24	
Printed name of Authorized Officer	Dustin Durden				
Title or position of Authorized Officer	CEO				
Telephone number or Authorized Officer.	(912) 685 2121 ext. ____				
Study Area Code of Reporting Carrier	**220377**		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024	

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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	**Pineland Telephone Cooperative, Inc.**				
Signature of Authorized Officer	[signature]		Date	6/7/24	
Printed name of Authorized Officer	Dustin Dunden				
Title or position of Authorized Officer	CEO				
Telephone number or Authorized Officer.	(912) 685 2121 ext. ____				
Study Area Code of Reporting Carrier	**220377**		Filing Due Date for this form (mm/dd/yyyy)	06/17/2024	

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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	**Pineland Telephone Cooperative, Inc.**			
Signature of Authorized Officer			Date	6/7/24
Printed name of Authorized Officer	Dustin Durden			
Title or position of Authorized Officer	CEO			
Telephone number or Authorized Officer.	(912) 685-2121 ext. ____			
Study Area Code of Reporting Carrier	**220377**		Filing Due Date for this form (mm/dd/yyyy)	**06/17/2024**

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