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: ALMA TEL. CO., INC.		
Signature of authorized officer:Laure Cohen	Digitally signed by Laure Cohen DN:cn=Laure Cohen,email=lcohen@atcnetworks.net,O=alma tel. co., inc.,l=Alma GA 31510, Date:5/20/2025	Date: 5/20/2025
Printed name of authorized officer: Laure Cohen		
Title or position of authorized officer: Controller		
Telephone number of authorized officer: 912-632-3117		

Study Area Code of Reporting Carrier:	220344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2025	

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.