TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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: ALMA TEL. CO., INC.		
Signature of authorized officer or employee: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 or employee: Laure Cohen		
Title or position of authorized officer or employee: Controller		
Telephone number of authorized officer or employee: 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.