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	**ComSouth Telecommunications, Inc.**				
Signature of Authorized Officer	KKauff		Date	5/20/25	
Printed name of Authorized Officer	Krista Kauffman				
Title or position of Authorized Officer	Vice President				
Telephone number or Authorized Officer.	(___) ___ ____ ext. ____				
Study Area Code of Reporting Carrier	**220369**		Filing Due Date for this form (mm/dd/yyyy)	06/16/2025	

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.