**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).**

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|---|---|---|---|---|---|
| Name of Reporting Carrier | **ComSouth Telecommunications, Inc.** | | | | |
| Signature of Authorized Officer | | | 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.