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	Dustin Durden		Date	6/4/2025	
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)	06/16/2025	

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.