Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)			
Name of Reporting Carrier	**ComSouth Telecommunications, Inc.**			
Signature of Authorized Officer			Date	6/11/26
Printed name of Authorized Officer	Krista Kauffman			
Title or position of Authorized Officer	Vice President			
Telephone number or Authorized Officer.	843-686-1210			
Study Area Code of Reporting Carrier	**220369**		Filing Due Date for this form (mm/dd/yyyy)	06/16/2026

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.

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	**ComSouth Telecommunications, Inc.**		
Signature of Authorized Officer		Date	6/11/26
Printed name of Authorized Officer	Krista Kauffman		
Title or position of Authorized Officer	Vice President		
Telephone number or Authorized Officer.	843-686-1210		
Study Area Code of Reporting Carrier	**220369**	Filing Due Date for this form (mm/dd/yyyy)	06/16/2026

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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			Date	6/1/26
Printed name of Authorized Officer	Krista Kauffman			
Title or position of Authorized Officer	Vice President			
Telephone number or Authorized Officer.	843-686-1210			
Study Area Code of Reporting Carrier	**220369**		Filing Due Date for this form (mm/dd/yyyy)	06/16/2026

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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	**ComSouth Telecommunications, Inc.**				
Signature of Authorized Officer			Date	6/1/26	
Printed name of Authorized Officer	Krista Kauffman				
Title or position of Authorized Officer	Vice President				
Telephone number or Authorized Officer.	843-686-1210				
Study Area Code of Reporting Carrier	**220369**		Filing Due Date for this form (mm/dd/yyyy)	06/16/2026	

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