TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

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

I certify that (Name of Agent) Baker Tilly Advisory Group, LP **is authorized to submit the 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	Baker Tilly Advisory Group, LP				
Name of Reporting Carrier	Waverly Hall Telephone, LLC				
Signature of Authorized Officer	Digitally signed by Anissa Hill DN: cn=Anissa Hill, email=anissa.hill@highlinefast.com Reason: I attest to the accuracy and integrity of this document Date: 2026.05.20 11:27:50 -04'00'			Date	5.20.26
Printed name of Authorized Officer	Anissa Hill				
Title or position of Authorized Officer	Director of Regulatory Affairs				
Telephone number of Authorized Officer:	(706) 773-8753				
Study Area Code of Reporting Carrier	220392		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.

TO BE COMPLETED BY THE REPORTING CARRIER,

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	Waverly Hall Telephone, LLC				
Signature of Authorized Officer	Digitally signed by Anissa Hill DN: cn=Anissa Hill, email=anissa.hill@highlinefast.com Reason: I attest to the accuracy and integrity of this document Date: 2026.05.20 10:40:31 -04'00'			Date	5.20.26
Printed name of Authorized Officer	Anissa Hill				
Title or position of Authorized Officer	Director of Regulatory Affairs				
Telephone number of Authorized Officer:	(706) 773-8753	Ext.			
Study Area Code of Reporting Carrier	220392		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.

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, this 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	Waverly Hall Telephone, LLC				
Signature of authorized officer	Digitally signed by Anissa Hill DN: cn=Anissa Hill, email=anissa.hill@highlinefast.com Reason: I attest to the accuracy and integrity of this document Date: 2026.05.20 10:57:18 -04'00'		Date	5.20.26	
Printed name of authorized officer	Anissa Hill				
Title or position of authorized officer	Director of Regulatory Affairs				
Telephone number of authorized officer:	(706) 773-8753		ext.		
Study Area Code of Reporting Carrier	220392		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.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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	Waverly Hall Telephone, LLC				
Signature of authorized officer	Digitally signed by Anissa Hill DN: cn=Anissa Hill, email=anissa.hill@highlinefast.com Reason: I attest to the accuracy and integrity of this document Date: 2026.05.20 10:58:36 -04'00'		Date	5.20.26	
Printed name of authorized officer	Anissa Hill				
Title or position of authorized officer	Director of Regulatory Affairs				
Telephone number of authorized officer:	(706) 773-8753	Ext:			
Study Area Code of Reporting Carrier			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

I am the Director of Regulatory Affairs (TITLE) of Waverly Hall Telephone, LLC (COMPANY).
I hereby certify that I have reviewed the preparation of all data supporting the June 16, 2026 Interstate Access Tariff Filing, and that I am authorized to execute this certification. Based upon information provided to me by employees responsible for the preparation of, or for supervision of the preparation of, the data submitted in support of the rates contained in the proposed tariff, I hereby certify that the data have been examined and reviewed and are true, correct and complete.

Date: June 16, 2026

Digitally signed by Anissa Hill
DN: cn=Anissa Hill, email=anissa.hill@highlinefast.com
Reason: I attest to the accuracy and integrity of this document
Date: 2026.05.20 11:13:36 -04'00'

(Signature)

Anissa Hill

Printed Name

Director of Regulatory Affairs

(Title)