TO BE COMPLETED BY THE REPORTING CARRIER.

Ce	rtification of Officer as	to the Accuracy of the CAF ICC Data R	eported	
I certify that I am an officer of the reporting cobest of my knowledge, the information report	arrier; my responsibilities ad on this form is accura	Include ensuring the accuracy of the actual te.	data reported; and, to the	
Name of Reporting Carrier: BEAR	LAKE COMMUNICA	ATIONS		
Mike Plows gnature of Authorized Officer:		Digitally signed by Mike Plows DN, cn=Mike Plows, email=mplows@frontier.com, O=bear lake communications, i= , Date 5/21/2021		Date: 5/21/2021
rinted name of Authorized Officer:	Mike Plows			
itle or position of Authorized Officer:	Chief Financial O	fficer		
elephone number of Authorized Officer:	702-396-0151			
tudy Area Code of Reporting Carrier	503032	Filing Oue Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false star	tements on this form can	be punished by fine or forfeiture under the C nt under Title 18 of the United States Code, 1	Communications Act of 19	34, 47 U.S.C.

Bear Lake Communications, Inc. Docket 21-999-07

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) National Exchange Carriers Association, Inc. Inc. Inc. Inc. National Exchange Carriers Association Inc. National Exchange Carriers National Exchange Carriers						
the reporting carrier. I also certify the provided to the Authorized Agent; an		carrier; my responsibilities include ensuring the actual data provided to the Authorized Age		•		
Name of Authorized Agent :	Name of Authorized Agent : National Exchange Carriers Association, Inc.					
Name of Reporting Carrier:	lame of Reporting Carrier: BEAR LAKE COMMUNICATIONS					
	Mike Plows	Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear take				
Signature of Authorized Officer:	Signature of Authorized Officer: communications,i⇒ , Date:5/21/2021			Date:	5/21/2021	
Printed name of Authorized Officer: Mike Plows						
Title or position of Authorized Officer: Chief Financial Officer						
						
Telephone number of authorized office	cer: 70	02-396-0151				
Study Area Code of Reporting Carrie	er 503032	Filing Due Date for this form (mm/dd/yyyy)	6/16/2021			
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.						

Bear Lake Communications, Inc. Docket 21-999-07

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certific	ation of Officer for Rate	e-of-Return Carrier Eligibility for CAF/IC	C Recovery	
I certify that I am an officer of the reporting or has complied with Eligible Recovery §61.917(requested pursuant to §61.917(f).	arrier and that, to the best d) and Access Recovery (of my knowledge, the reporting carrier on ti Charge §51.917(e) and is eligible to receive ti	nis form certifies that it he CAF ICC support	
Name of Reporting Carrier: BEAR	LAKE COMMUNICA			<u></u> -
Signature of Authorized Officer or employee	Mike Plows Mike Plows Digitally signed by Mike Plows DN:cn=Mike Plows DN:c		Date: 5/21/2021	
Printed name of Authorized Officer or emplo	yee: Mike	Plows		
itle or position of Authorized Officer or emp	loyee: Ch	ief Financial Officer		
elephone number of Authorized Officer or e	employee: 702	2-396-0151		
Study Area Code of Reporting Carrier	503032	Filing Due Date for this form (mm/dd/yyyy)	6/16/2021	
Persons willfully making false stat	sments on this form can l	be punished by fine or forfeiture under the C at under Title 18 of the United States Code, 1	Communications Act of 1	934, 47 U.S.C.

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, 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: BEAR L	AKE COMMUNICATIO						
	Digitally signed by Mike Plows DN cn=Mike Plows Plows,emait=mplows@frontier.com,0=bear lake						
Signature of Authorized Officer or employee:		communications.l≃ , Date 5/21	72021	Date: 6	5/21/2021		
Printed name of Authorized Officer or employe	ee: Mike Pio	ows	A				
Title or position of Authorized Officer or emplo	yee: Chief I	Financial Officer					
Telephone number of Authorized Officer or em	nployee: 702-39	6-0151					
Study Area Code of Reporting Carrier	503032	Filing Due Date for this form (mm/dd/yyyy)	6/16/2021				
		unished by fine or forfeiture under the Code, 1		934, 47 U.S.C.			