TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

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 South C	entral Utah Tele	phone Association, Inc.	<u> </u>	
Signature of Authorized Officer Wirls 025				_{Date} 5-30-2023
Printed name of Authorized Officer Mic	hael R. East			
Title or position of Authorized Officer CE				
	(435) 644-0110	C		
Study Area Code of Reporting Carrier	502286	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	
Study Area Code of Reporting Carrier		Filing Due Date for this form	06/16/2023	

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, 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) MOSS Adams LLP 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 Moss Adan	ns LLP			
Name of Reporting Carrier South C	entral Utah Tele	phone Association, Inc	.	-
Signature of Authorized Officer Mich 025 4				
Printed name of Authorized Officer Michael R. East				
Title or position of Authorized Officer CE	0			
	(435) 644-0110			
Study Area Code of Reporting Carrier	502286	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023	
Persons willfully making false statemen		hed by fine or forfeiture under the Comm		47 U.S.C. §§ 502, 503(b), or fine or

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 South C	Cenţral Utah Te	lephone Ass	ociation, In	C.		
	icha ZE	-		Date	5-30-2023	
Printed name of authorized officer Michael R. East						
Title or position of authorized officer CE	0					
Telephone number of authorized officer:	(435) 644-0110)				
Study Area Code of Reporting Carrier	502286		ate for this form	06/16/2023		
Persons willfully making false sta 503(tements on this form can b), or fine or imprisonmen					§§ 502,

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 South (Central Utah Te	lephone Association, Ir	nc.		
Signature of authorized officer	Victor 028	-	Date	5-30-2023	
Printed name of authorized officer Michael R. East					
Title or position of authorized officer	ΕO				
Telephone number of authorized officer:	(435) 644-0,110				
Study Area Code of Reporting Carrier	502286	Filing Due Date for this form (mm/dd/yyyy)	06/16/2023		
		be punished by fine or forfeiture under t under Title 18 of the United States Co			

CERTIFICATION

I am the CEO	of South Central Utah Telephone Association, Inc. (COMPANY)			
I hereby certify that I have reviewed the				
June 16, 2023 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 fo	or 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 examine	ed and reviewed and are true, correct and			
complete.				
Date: June 16, 2023	(Signature) Michael R. East			
	Printed Name CEO			
	(Title)			