| Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data | | | | | | | | | | |
|---|--|--|------------|--|--|--|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported and, to the best of my knowledge, the information reported on this form is accurate. | | | | | | | | | | |
| Name of Reporting Carrier: | INTERSTATE TELECOMM. | | | | | | | | | |
| Signature of Authorized Officer: | Digitally signed by Tracy Bandemer Digitally signed by Tracy Bandemer.email=bandemer@itctel.co | Date: | 05/31/2019 | | | | | | | |
| Printed name of Authorized Officer: | Tracy Bandemer | | | | | | | | | |
| Title or position of Authorized Officer | CFO | | | | | | | | | |
| Telephone number of Authorized Officer | 605-874-2181 | | | | | | | | | |
| Study Area Code of Reporting Carrier | 391654 | Filing Due Date for this form (mm/dd/yyyy) | 07/01/2019 | | | | | | | |
| I certify that our company receives or is projected to receive High Cost Loop Support (or Frozen High Cost Support that is based on HCLS or High Cost Model Support) during the period July 2019 through June 2020, but has no monthly residential rates (plus charges as defined) less than \$18.00. | | | | | | | | | | |

| Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data | | | | | | | | | | |
|---|---|--|--|------------|--|------------|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported and, to the best of my knowledge, the information reported on this form is accurate. | | | | | | | | | | |
| Name of Reporting Carrier: | INTERSTATE-SST | | | | | | | | | |
| Signature of Authorized Officer: | Digitally signed by Tracy Bandemer DN:cn=Tracy Bandemer,email=bandemer@itctel.com,O=INTERSTATE-SST,I=,Date:05/31/2019 | | | | | 05/31/2019 | | | | |
| Printed name of Authorized Officer: | Tracy Bandemer | | | | | | | | | |
| Title or position of Authorized Officer | CFO | | | | | | | | | |
| Telephone number of Authorized Officer | 605-874-2181 | | | | | | | | | |
| Study Area Code of Reporting Carrier | 391679 | | Filing Due Date for this form (mm/dd/yyyy) | 07/01/2019 | | | | | | |
| I certify that our company receives or is projected to receive High Cost Loop Support (or Frozen High Cost Support that is based on HCLS or High Cost Model Support) during the period July 2019 through June 2020, but has no monthly residential rates (plus charges as defined) less than \$18.00. | | | | | | | | | | |