Pennsylvania
Telephone Association

"The Communications Leader in Pennsylvania"

Steven J. Samara
President

June 13, 2024

Ms. Rosemary Chiavetta, Esq.
Secretary
Pennsylvania Public Utility Commission
400 North Street, Keystone Building
Harrisburg, PA 17120

Re: **M-2024-3045228**
WC Docket No. 10-90
CAF ICC Data Filing
Laurel Highland Telephone Company

Dear Secretary Chiavetta:

Pursuant to 47 C.F.R §54.304 of the Federal Communications Commission's (FCC) rules, carriers must file projected eligibility information for CAF ICC funding with USAC and the FCC. Carriers must also provide a copy of the information to the relative state commissions.

Enclosed please find a public copy of the CAF ICC information for the company noted above.

Proprietary information will be sent under separate cover via US Mail.

Questions may be directed to Sue Carter at 717-238-8311 or sue.carter@patel.org.

Sincerely,

Steven J. Samara
President

30 N. Third Street, Suite 780 • Harrisburg, PA 17101
Phone 717-238-8311 • Fax 717-238-5352
www.patel.org • steve.samara@patel.org

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:	LAUREL HIGHLAND TEL		
Signature of Authorized Officer:	**James Kail**	Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc.,l= , Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer:	James Kail		
Title or position of Authorized Officer:	President and CEO		
Telephone number of Authorized Officer:	724-593-2411		
Study Area Code of Reporting Carrier	170179	Filing Due Date for this form (mm/dd/yyyy)	6/17/2024

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) National Exchange Carriers Association, Inc. **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 knwoledge, the actual data provided to the Authorized Agent is accurate.**

Name of Authorized Agent :	National Exchange Carriers Association, Inc.		
Name of Reporting Carrier:	LAUREL HIGHLAND TEL		
Signature of Authorized Officer:	**James Kail** Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc.,l= , Date:5/29/2024	Date:	5/29/2024
Printed name of Authorized Officer:	James Kail		
Title or position of Authorized Officer:	President and CEO		
Telephone number of authorized officer:	724-593-2411		
Study Area Code of Reporting Carrier	170179	Filing Due Date for this form (mm/dd/yyyy)	6/17/2024

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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:	LAUREL HIGHLAND TEL
Signature of Authorized Officer or employee:	**James Kail** Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc.,l= , Date:5/29/2024
Date:	5/29/2024
Printed name of Authorized Officer or employee:	James Kail
Title or position of Authorized Officer or employee:	President and CEO
Telephone number of Authorized Officer or employee:	724-593-2411

Study Area Code of Reporting Carrier	170179		Filing Due Date for this form (mm/dd/yyyy)	6/17/2024	

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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:	LAUREL HIGHLAND TEL	
Signature of Authorized Officer or employee:	**James Kail** Digitally signed by James Kail DN:cn=James Kail,email=jjkail@lhtc.net,O=lackawaxen telecommunications services, inc.,l= , Date:5/29/2024	Date: 5/29/2024
Printed name of Authorized Officer or employee:	James Kail	
Title or position of Authorized Officer or employee:	President and CEO	
Telephone number of Authorized Officer or employee:	724-593-2411	

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