

Pennsylvania Telephone Association

*"The Communications
Leader in Pennsylvania"*



Steven J. Samara
President

June 15, 2026

Mr. Matthew Homsher, Esq.
Secretary
Pennsylvania Public Utility Commission
400 North Street, Keystone Building
Harrisburg, PA 17120

Re: **M-2026-3059555**
WC Docket No. 10-90
CAF ICC Data Filing
Pymatuning Independent Telephone Company

Dear Secretary Homsher:

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.

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

Sincerely,

Steven J. Samara
President

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: PYMATUNING IND. TEL. CO.

Signature of authorized officer: Tammy Souza

Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/18/2026

Date: 5/18/2026

Printed name of authorized officer: Tammy Souza

Title or position of authorized officer: Accounting Manager

Telephone number of authorized officer: 904-259-0036

Study Area Code of Reporting Carrier:

170200

Filing Due Date for this form (mm/dd/yyyy)

6/16/2026

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

I certify that (Name of Agent) [National Exchange Carrier Association, Inc. \(NECA\)](#) 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 is accurate.

Name of Authorized Agent: [National Exchange Carrier Association, Inc.](#)

Name of Reporting Carrier: [PYMATUNING IND. TEL. CO.](#)

Signature of authorized officer: [Tammy Souza](#)

Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/18/2026

Date: [5/18/2026](#)

Printed name of authorized officer: [Tammy Souza](#)

Title or position of authorized officer: [Accounting Manager](#)

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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: PYMATUNING IND. TEL. CO.

Signature of authorized officer or employee: Tammy Souza

Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/18/2026

Date: 5/18/2026

Printed name of authorized officer or employee: Tammy Souza

Title or position of authorized officer or employee: Accounting Manager

Telephone number of authorized officer or employee: 904-259-0036

Study Area Code of Reporting Carrier:

170200

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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: PYMATUNING IND. TEL. CO.

Signature of authorized officer or employee: Tammy Souza

Digitally signed by Tammy Souza DN:cn=Tammy Souza,email=tsouza@townes.net,O=pymatuning ind. tel. co.,l=Macclenny FL 32063-0485, Date:5/18/2026

Date: 5/18/2026

Printed name of authorized officer or employee: Tammy Souza

Title or position of authorized officer or employee: Accounting Manager

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