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

I certify that (Name of Agent) <u>John Staurulakis</u>, <u>Inc. (JSI)</u> is authorized to submit 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	John Staurulakis, Inc. (JSI)									
Name of Reporting Carrier	Fremont Telcom Co.									
Signature of Authorized Officer Date 6/12/2023										
Printed name of Authorized Officer Stacey Mueller										
Title or position of Authorized Officer Chief Financial Officer										
Telephone number or Authorized Officer. (406) 541-5000										
Study Area Code of Reporting Carrier	472222		Filing Due Date for this (mm/dd/yyyy)	06/16/2023						

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 Fremont Telcom Co.										
Signature of Authorized Officer				Date 6/1	2/2023					
Printed name of Authorized Officer	Stacey 1	Mueller								
Title or position of Authorized Officer Chief Financial Officer										
Telephone number or Authorized Officer. (406) 541-5000										
Study Area Code of Reporting Carrier	472222		Filing Due Date for this (mm/dd/yyyy)	s form	06/16/2023					

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	Fremont Telcom Co.											
Signature of Authorized Officer				Date 6/1	2/2023							
Printed name of Authorized Officer Stacey Mueller												
Title or position of Authorized Officer Chief Financial Officer												
Telephone number or Authorized Officer.	(406)	541-5	5000									
Study Area Code of Reporting Carrier	472222		Filing Due Date for this (mm/dd/yyyy)	s form	06/16/2023							

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 Fremont Telcom Co.									
Signature of Authorized Officer Date 6/12/2023									
Printed name of Authorized Officer	Stacey 1	Mueller							
Title or position of Authorized Officer Chief Financial Officer									
Telephone number or Authorized Officer. (406) 541-5000									
Study Area Code of Reporting Carrier	472222		Filing Due Date for this (mm/dd/yyyy)	s form	06/16/2023				