

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: **STONEHAM COOP TEL CO**

Signature of Authorized Officer or employee: **Taya Northrup**
Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham coop tel co,l=Stoneham CO 80754, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **Taya Northrup**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **970-735-2251**

Study Area Code of Reporting Carrier

462206

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

6/17/2013

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.

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Name of Reporting Carrier: **WIGGINS TEL ASSOC**

Signature of Authorized Officer or employee: **April Simmons**
Digitally signed by April Simmons DN:cn=April Simmons,email=april@wigginstel.com,O=wiggins tel assoc,l= , Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **April Simmons**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **970-483-7343**

Study Area Code of Reporting Carrier

462209

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

6/17/2013

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Name of Reporting Carrier: **WILLARD TEL CO**

Signature of Authorized Officer or employee: **Carrie Klem**

Digitally signed by Carrie Klem DN:cn=Carrie Klem,email=carriek@willardtell.com,O=willard tel co, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **Carrie Klem**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **970-466-4575**

Study Area Code of Reporting Carrier

462210

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

6/17/2013

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Name of Reporting Carrier: **ALBION TEL CO-ATC**

Signature of Authorized Officer or employee: **Rich Redman**
Digitally signed by Rich Redman DN:cn=Rich Redman,email=rich@atcnet.net,O=albion tel co-atc,l=Albion ID 83311, Date:5/22/2013

Date: **5/22/2013**

Printed name of Authorized Officer or employee: **Rich Redman**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **208-673-5335**

Study Area Code of Reporting Carrier

472213

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

6/17/2013

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Name of Reporting Carrier: **CAMBRIDGE TEL CO**

Signature of Authorized Officer or employee: **Kristie Kanady**
Digitally signed by Kristie Kanady DN:cn=Kristie Kanady,email=kkanady@ctctele.com,O=cambridge tel co,l=Cambridge ID 83610, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **Kristie Kanady**

Title or position of Authorized Officer or employee: **Billing Manager**

Telephone number of Authorized Officer or employee: **208-257-3314**

Study Area Code of Reporting Carrier	472215		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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Name of Reporting Carrier: CUSTER TEL COOP

Signature of Authorized Officer or employee: Clayton Severe
Digitally signed by Clayton Severe DN:cn=Clayton Severe,email=csevere@custertel.net,O=custer tel coop,l=Challis ID 83226, Date:5/21/2013

Date: 5/21/2013

Printed name of Authorized Officer or employee: Clayton Severe

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 208-879-2281

Study Area Code of Reporting Carrier

472218

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

6/17/2013

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Name of Reporting Carrier: **FILER MUTUAL TEL -ID**

Signature of Authorized Officer or employee: **Steve Cowger**
Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -id,i=Filer ID 83328, Date:5/24/2013

Date: **5/24/2013**

Printed name of Authorized Officer or employee: **Steve Cowger**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-326-4339**

Study Area Code of Reporting Carrier	472220		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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Name of Reporting Carrier: **FARMERS MUTUAL TEL**

Signature of Authorized Officer or employee: **Daniel Greig**
Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel,l=Fruitland ID 83619, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **Daniel Greig**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-452-3100**

Study Area Code of Reporting Carrier

472221

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

6/17/2013

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.

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Name of Reporting Carrier **Fremont Telecom**

Signature of authorized officer 

Date **7/31/13**

Printed name of authorized officer **Theodore Otis**

Title or position of authorized officer **Chief Financial Officer**

Telephone number of authorized officer: **(406) 541-5228**

Study Area Code of Reporting Carrier **472222**

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

August 2013

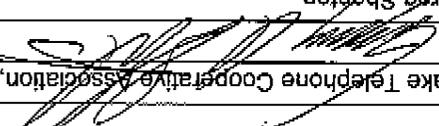
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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Name of Reporting Carrier <u>Midvale Telephone-Idaho</u>			
Signature of authorized officer <u><i>SOHD</i></u>		Date	<u>5-23-13</u>
Printed name of authorized officer <u>Steve Child</u>			
Title or position of authorized officer <u>CEO</u>			
Telephone number of authorized officer: (<u>208.355-2211</u> ext <u>7180</u>			
Study Area Code of Reporting Carrier	<u>472226</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/17/2013</u>
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.			

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001, 503(b), or fine or imprisonment under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b).	
Study Area Code of Reporting Carrier	472227
Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
Telephone number of authorized officer:	(208) 374-5401
Title or position of authorized officer:	Vice President
Printed name of authorized officer:	Greg Shenton
Signature of authorized officer:	
Date	05/20/2013
Name of Reporting Carrier	Mud Lake Telephone Cooperative Association, Inc.
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).	

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

472227

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: PROJECT MUTUAL TEL

Signature of Authorized Officer or employee: Rick Harder

Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel, Date:5/24/2013

Date: 5/24/2013

Printed name of Authorized Officer or employee: Rick Harder

Title or position of Authorized Officer or employee: CFO/Treasurer

Telephone number of Authorized Officer or employee: 208-434-7124

Study Area Code of Reporting Carrier

472231

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

6/17/2013

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.

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Name of Reporting Carrier: **DIRECT COMM-ROCKLAND**

Signature of Authorized Officer or employee: **Leonard May**

Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland,I=Rockland ID 83271, Date:5/22/2013

Date: **5/22/2013**

Printed name of Authorized Officer or employee: **Leonard May**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

472232

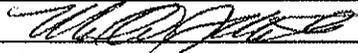
Filing Due Date for this form
(mm/dd/yyyy)

6/17/2013

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472233

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier: Rural Telephone Company - ID			
Signature of authorized officer: 		Date: 05/23/2013	
Printed name of authorized officer: Michael J. Martell			
Title or position of authorized officer: Vice-President			
Telephone number of authorized officer: (208) 366-2614			
Study Area Code of Reporting Carrier:	472233	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
<small>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.</small>			

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Name of Reporting Carrier: SILVER STAR TEL- ID

Signature of Authorized Officer or employee: **Jefferson England**
Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel-id,I=Freedom WY 83120, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Jefferson England

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 307-883-6675

Study Area Code of Reporting Carrier	472295		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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Name of Reporting Carrier: **INLAND TEL-ID**

Signature of Authorized Officer or employee: **James Brooks**
Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel-id,l=Roslyn WA 98941, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **James Brooks**

Title or position of Authorized Officer or employee: **Treasurer/Controller/Reg. Manager**

Telephone number of Authorized Officer or employee: **509-649-2211**

Study Area Code of Reporting Carrier

472423

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

6/17/2013

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Name of Reporting Carrier				Blackfoot TEL - BTC			
Signature of authorized officer					Date		5/28/13
Printed name of authorized officer				Theodore Otis			
Title or position of authorized officer				CFO			
Telephone number of authorized officer:				(406) 541-5228			
Study Area Code of Reporting Carrier		482235		Filing Due Date for this form (mm/dd/yyyy)		6/17/2013	
<p>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.</p>							

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Name of Reporting Carrier: **HOT SPRINGS TEL CO**

Signature of Authorized Officer or employee: **Kathe Johnson**
Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe_ann@yahoo.com,O=hot springs tel co,l=Missoula MT 59808, Date:5/20/2013

Date: **5/20/2013**

Printed name of Authorized Officer or employee: **Kathe Johnson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **406-721-0846**

Study Area Code of Reporting Carrier

482241

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

6/17/2013

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Name of Reporting Carrier <u>Inter Bel Telephone Coop</u>			
Signature of authorized officer <u>[Signature]</u>		Date	<u>6/3/13</u>
Printed name of authorized officer <u>Randy L. Wilson</u>			
Title or position of authorized officer <u>CEO General Manager</u>			
Telephone number of authorized officer: <u>409 889 3311 ext.</u>			
Study Area Code of Reporting Carrier	<u>482242</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/17/2013</u>
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.			

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Name of Reporting Carrier: **LINCOLN TEL CO INC**

Signature of Authorized Officer or employee: **Ken Lumpkin**
Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@lincotel.net,O=lincoln tel co inc, Date:5/24/2013

Date: **5/24/2013**

Printed name of Authorized Officer or employee: **Ken Lumpkin**

Title or position of Authorized Officer or employee: **General Manager / Secretary / Treasurer**

Telephone number of Authorized Officer or employee: **406-362-4216**

Study Area Code of Reporting Carrier

482244

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

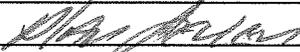
6/17/2013

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Name of Reporting Carrier				Mid-Rivers Telephone Cooperative, Inc.	
Signature of authorized officer				Date	5/21/2013
Printed name of authorized officer		Alan Sevier			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(406) 485-3301			
Study Area Code of Reporting Carrier	482246	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013		
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Name of Reporting Carrier: NEMONT TEL COOP-MT

Signature of Authorized Officer or employee: Remi Sun

Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop-mt,l=Scobey MT 59263-0600, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Remi Sun

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-783-2358

Study Area Code of Reporting Carrier

482247

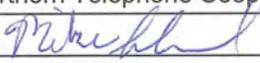
Filing Due Date for this form (mm/dd/yyyy)

6/17/2013

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482248

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Name of Reporting Carrier Northern Telephone Cooperative, Inc.			
Signature of authorized officer 		Date	05/28/2013
Printed name of authorized officer Mike Sheard			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (406) 937-2114 ext.			
Study Area Code of Reporting Carrier	482248	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
<p>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.</p>			

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Name of Reporting Carrier: PROJECT TEL CO

Signature of Authorized Officer or employee: Remi Sun
Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=project tel co,l=Scobey MT 59263-0600, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Remi Sun

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-783-2358

Study Area Code of Reporting Carrier

482250

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

6/17/2013

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 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: **RANGE TEL COOP-MT**

Signature of Authorized Officer or employee: **Erick Steinman**
Digitally signed by Erick Steinman DN:cn=Erick Steinman,email=erick@rangetel.coop,O=range tel coop-mt,l= , Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Erick Steinman**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **406-347-2226**

Study Area Code of Reporting Carrier

482251

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

6/17/2013

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 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: SOUTHERN MONTANA TEL

Signature of Authorized Officer or employee: **Larry Mason**
Digitally signed by Larry Mason DN:cn=Larry Mason,email=LMason@SMTel.com,O=southern montana tel,1=Wisdom MT 59761, Date:5/20/2013

Date: 5/20/2013

Printed name of Authorized Officer or employee: Larry Mason

Title or position of Authorized Officer or employee: Vice President/General Manager

Telephone number of Authorized Officer or employee: 406-689-3333

Study Area Code of Reporting Carrier	482254		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: **3-RIVERS TEL COOP**

Signature of Authorized Officer or employee: **Bradley Veis**
Digitally signed by Bradley Veis DN:cn=Bradley Veis,email=brad.veis@3rivers.coop,O=3-rivers tel coop,l=Fairfield MT 59436-0429, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **Bradley Veis**

Title or position of Authorized Officer or employee: **Director of Finance/CFO**

Telephone number of Authorized Officer or employee: **406-467-4405**

Study Area Code of Reporting Carrier

482255

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

6/17/2013

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 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: **TRIANGLE TEL COOP**

Signature of Authorized Officer or employee: **Richard Stevens**
Digitally signed by Richard Stevens DN:cn=Richard Stevens,email=rstevens@itstriangle.net,O=triangle tel coop,l=Havre MT 59501-1220, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **Richard Stevens**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **406-394-2000**

Study Area Code of Reporting Carrier

482257

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

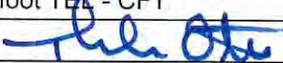
6/17/2013

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 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				Blackfoot TEL - CFT	
Signature of authorized officer				Date	5/28/13
Printed name of authorized officer		Theodore Otis			
Title or position of authorized officer		CFO			
Telephone number of authorized officer:		(406) 541-5228			
Study Area Code of Reporting Carrier	483308	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013		
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 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: **CENTRAL MONTANA**

Signature of Authorized Officer or employee: **Richard Stevens**
Digitally signed by Richard Stevens DN:cn=Richard Stevens,email=rstevens@itstriangle.net,O=central montana,l=Havre MT 59501-1220, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **Richard Stevens**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **406-394-2000**

Study Area Code of Reporting Carrier

483310

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

6/17/2013

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 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: **MESCALERO APACHE**

Signature of Authorized Officer or employee: **Godfrey Enjady**
Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache,l=Mescalero NM 88340, Date:5/23/2013

Date: **5/23/2013**

Printed name of Authorized Officer or employee: **Godfrey Enjady**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **505-795-5555**

Study Area Code of Reporting Carrier

491231

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

6/17/2013

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 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: **DELL TEL CO-OP - NM**

Signature of Authorized Officer or employee: **Marcy Guillen**

Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel co-op - nm,l= , Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **Marcy Guillen**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **915-964-2352**

Study Area Code of Reporting Carrier

492066

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

6/17/2013

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 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				Valley Telephone Coop Inc - NM	
Signature of authorized officer			Date		5-21-13
Printed name of authorized officer			Steven M. Hs		
Title or position of authorized officer			CEO / General Manager		
Telephone number of authorized officer:			503812231 ext. 9001		
Study Area Code of Reporting Carrier		492176	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<p>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.</p>					

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: **BACA VALLEY TEL CO**

Signature of Authorized Officer or employee: **Peggy Briesh**

Digitally signed by Peggy Briesh DN:cn=Peggy Briesh,email=bvtpb@bacavalley.com,O=baca valley tel co,l=Des Moines NM 88418-0067, Date:5/22/2013

Date: **5/22/2013**

Printed name of Authorized Officer or employee: **Peggy Briesh**

Title or position of Authorized Officer or employee: **Assistant Manager**

Telephone number of Authorized Officer or employee: **575-278-2101**

Study Area Code of Reporting Carrier

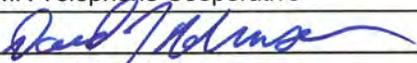
492259

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

6/17/2013

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 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 ENMR Telephone Cooperative			
Signature of authorized officer 		Date	5/23/13
Printed name of authorized officer David J. Robinson			
Title or position of authorized officer Chief Financial Officer			
Telephone number of authorized officer: (575) 389-5100			
Study Area Code of Reporting Carrier	492262	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
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.			

492263

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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 §1.917(d)(vii).</p>			
Name of Reporting Carrier La Jicarita Rural Telephone Cooperative			
Signature of authorized officer <i>Danny Gray</i>		Date	05/23/2013
Printed name of authorized officer Danny Gray			
Title or position of authorized officer General Manager			
Telephone number of authorized officer: (575) 387-2216			
Study Area Code of Reporting Carrier	492263	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
<p>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.</p>			

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				Leaco Rural Telephone Cooperative, Inc.	
Signature of authorized officer		<i>Dale Snider</i>		Date	5/22/2013
Printed name of authorized officer		Dale Snider			
Title or position of authorized officer		Chief Financial Officer			
Telephone number of authorized officer:		(575) 370-5010 _{ex.}			
Study Area Code of Reporting Carrier	492264	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013		
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 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: Tularosa Basin Tel.

Signature of Authorized Officer or employee: Lance Tade
Digitally signed by Lance Tade DN:cn=Lance Tade,email=ltade@tbc.net,O=tularosa basin tel.,l=Tularosa NM 88352-0550, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Lance Tade

Title or position of Authorized Officer or employee: Vice President/General Manager

Telephone number of Authorized Officer or employee: 575-585-9800

Study Area Code of Reporting Carrier

492265

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

6/17/2013

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 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: **WESTERN NEW MEXICO**

Signature of Authorized Officer or employee: John Francis	Digitally signed by John Francis DN:cn=John Francis,email=jfrancis@wnmt.com,O=western new mexico,l=Silver City NM 88061, Date:5/21/2013	Date: 5/21/2013
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Printed name of Authorized Officer or employee: **John Francis**

Title or position of Authorized Officer or employee: **Exec. Vice President**

Telephone number of Authorized Officer or employee: **575-535-2230**

Study Area Code of Reporting Carrier	492268		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: **PENASCO VALLEY TEL**

Signature of Authorized Officer or employee: **Kevin Bartley**
Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel,l= , Date:5/22/2013

Date: **5/22/2013**

Printed name of Authorized Officer or employee: **Kevin Bartley**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **575-748-1241**

Study Area Code of Reporting Carrier	492270		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: ROOSEVELT CNTY RURAL

Signature of Authorized Officer or employee: **Cecile Archibeque**
Digitally signed by Cecile Archibeque DN:cn=Cecile Archibeque,email=cecile@yuccatelecom.com,O=roosevelt cnty rural,l=Portales NM 88130-0867, Date:5/22/2013

Date: 5/22/2013

Printed name of Authorized Officer or employee: Cecile Archibeque

Title or position of Authorized Officer or employee: Interim General Manager/EO

Telephone number of Authorized Officer or employee: 575-226-2255

Study Area Code of Reporting Carrier

492272

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

6/17/2013

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 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: SACRED WIND

Signature of Authorized Officer or employee: John Badal

Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind,l= , Date:5/21/2013

Date: 5/21/2013

Printed name of Authorized Officer or employee: John Badal

Title or position of Authorized Officer or employee: Chief Executive Officer

Telephone number of Authorized Officer or employee: 505-821-5080

Study Area Code of Reporting Carrier

493403

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

6/17/2013

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 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: **DIRECTCOMM-CEDAR VAL**

Signature of Authorized Officer or employee: **Kip Wilson**
Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=directcomm-cedar val,l=Rockland ID 83271, Date:5/22/2013

Date: **5/22/2013**

Printed name of Authorized Officer or employee: **Kip Wilson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-548-2345**

Study Area Code of Reporting Carrier

500758

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

6/17/2013

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 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: **CENTRAL UTAH TEL INC**

Signature of Authorized Officer or employee: **Mike Plows**

Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Mike Plows**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **425-275-1013**

Study Area Code of Reporting Carrier

502277

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

6/17/2013

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 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				Gunnison Telephone Company	
Signature of authorized officer		<i>Kent B. Sanders</i>		Date	5/20/2013
Printed name of authorized officer		Kent B. Sanders			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(435) 528-7236			
Study Area Code of Reporting Carrier	502279	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013		
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 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				Manti Telephone Company	
Signature of authorized officer		<i>Paul M Cox</i>		Date	5/28/2013
Printed name of authorized officer		Paul M Cox			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(435) 835-3391			
Study Area Code of Reporting Carrier	502282	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013		
<p>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.</p>					

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: **SKYLINE TELECOM**

Signature of Authorized Officer or employee: **Mike Plows**
Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc= , Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Mike Plows**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **425-275-1013**

Study Area Code of Reporting Carrier

502283

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

6/17/2013

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 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: BEEHIVE TEL CO - UT

Signature of Authorized Officer or employee: **Wayne McCulley**
Digitally signed by Wayne McCulley DN:cn=Wayne McCulley,email=waynem@beehive.net,O=beehive tel co - ut, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Wayne McCulley

Title or position of Authorized Officer or employee: Secretary/Treasurer

Telephone number of Authorized Officer or employee: 801-250-6639

Study Area Code of Reporting Carrier	502284		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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 5L917(d)(vii).

Name of Reporting Carrier				South Central Utah Telephone Association, Inc			
Signature of authorized officer			<i>Michael R East</i>		Date		05/28/2013
Printed name of authorized officer				Michael R. East			
Title or position of authorized officer				CEO			
Telephone number of authorized officer:				(435) 826-4211 ext.			
Study Area Code of Reporting Carrier		502286		Filing Due Date for this form (mm/dd/yyyy)		6/17/2013	
<p>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.</p>							

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: **UBTA-UBET/STRATA**

Signature of Authorized Officer or employee: **Karl Searle**
Digitally signed by Karl Searle DN:cn=Karl Searle,email=ksearle@stratanetworks.com,O=ubta-ubet/strata,I=Roosevelt UT 84066, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Karl Searle**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **435-622-5472**

Study Area Code of Reporting Carrier

502287

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

6/17/2013

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 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: ALL WEST COMM-UT

Signature of Authorized Officer or employee: **Jenny Prescott**
Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/22/2013

Date: 5/22/2013

Printed name of Authorized Officer or employee: Jenny Prescott

Title or position of Authorized Officer or employee: VP Customer Service & Finance

Telephone number of Authorized Officer or employee: 435-783-4913

Study Area Code of Reporting Carrier	502288		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: **BEAR LAKE COMM**

Signature of Authorized Officer or employee: **Mike Plows**

Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm,l= , Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Mike Plows**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **425-275-1013**

Study Area Code of Reporting Carrier

503032

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

6/17/2013

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 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: RANGE TEL COOP - WY

Signature of Authorized Officer or employee: **Erick Steinman**
Digitally signed by Erick Steinman DN:cn=Erick Steinman,email=erick@rangetel.coop,O=range tel coop - wy,l= , Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Erick Steinman

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-347-2226

Study Area Code of Reporting Carrier	512251		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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)(vi).

Name of Reporting Carrier		Chugwater Telephone Company	
Signature of authorized officer	<i>[Signature]</i>	Date	5/29/13
Printed name of authorized officer		BREG CASHNER	
Title or position of authorized officer		Secretary / Treasurer	
Telephone number of authorized officer		307422-3535	
Study Area Code of Reporting Carrier	512289	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
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 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: ALL WEST COMM.-WY

Signature of Authorized Officer or employee: **Jenny Prescott**
Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm.-wy,l=Kamas UT 84036, Date:5/22/2013

Date: 5/22/2013

Printed name of Authorized Officer or employee: Jenny Prescott

Title or position of Authorized Officer or employee: VP Customer Service & Finance

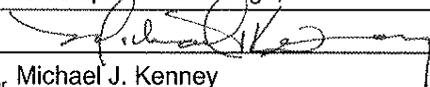
Telephone number of Authorized Officer or employee: 435-783-4913

Study Area Code of Reporting Carrier	512290		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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.

512291

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: Dubois Telephone Exchange, Inc.			
Signature of authorized officer: 		Date:	5/23/13
Printed name of authorized officer: Michael J. Kenney			
Title or position of authorized officer: Vice President/General Manager			
Telephone number of authorized officer: (307) 455-2341 ext.			
Study Area Code of Reporting Carrier:	512291	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
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 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: SILVER STAR TEL-WY

Signature of Authorized Officer or employee: **Jefferson England**
Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel-wy,l=Freedom WY 83120, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Jefferson England

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 307-883-6675

Study Area Code of Reporting Carrier	512295		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: WESTGATE dba WEA/TEL

Signature of Authorized Officer or employee: **Richard Weaver**
Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate dba weavtel,l=Chelan WA 98816, Date:5/21/2013

Date: 5/21/2013

Printed name of Authorized Officer or employee: Richard Weaver

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 509-682-5556

Study Area Code of Reporting Carrier

520580

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

6/17/2013

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 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: **SKYLINE TELECOM CO.**

Signature of Authorized Officer or employee: **Delinda Kluser**
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=skyline telecom co.,l=Mt. Vernon OR 97865-0609, Date:5/23/2013

Date: **5/23/2013**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

520581

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

6/17/2013

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.

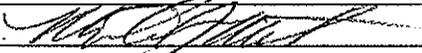
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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				Hat Island Telephone Company	
Signature of authorized officer		<i>Bruce Russell</i>		Date	5-28-2013
Printed name of authorized officer				Bruce Russell	
Title or position of authorized officer				COO	
Telephone number of authorized officer:				(360) 321-0086	
Study Area Code of Reporting Carrier	522417	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013		
<p>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.</p>					

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 51.927(d)(vii).			
Name of Reporting Carrier: Pend Oreille Telephone Company			
Signature of authorized officer: 		Date:	05/23/2013
Printed name of authorized officer: Michael J. Martell			
Title or position of authorized officer: Vice-President			
Telephone number of authorized officer: (208) 366-2614 ext.			
Study Area Code of Reporting Carrier	522418	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

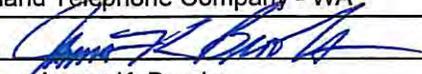
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Hood Canal Telephone Co., Inc.	
Signature of authorized officer		<i>Richard Buechel</i>		Date	5/23/13
Printed name of authorized officer		Richard Buechel			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(360) 898-2481 ext.			
Study Area Code of Reporting Carrier	522419	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013		
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 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				Inland Telephone Company - WA	
Signature of authorized officer				Date	June 3, 2013
Printed name of authorized officer		James K. Brooks			
Title or position of authorized officer		Treasurer/Controller			
Telephone number of authorized officer:		(509) 649-2211 ext.			
Study Area Code of Reporting Carrier	522423	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013		
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 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: **KALAMA TEL CO**

Signature of Authorized Officer or employee: **Rick Vitzthum**
Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama tel co,l=Tenino WA 98589, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **Rick Vitzthum**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **360-264-3155**

Study Area Code of Reporting Carrier

522426

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

6/17/2013

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 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				Mashell Telecom, Inc.	
Signature of authorized officer				Date	
				5/22/2013	
Printed name of authorized officer				Brian Haynes	
Title or position of authorized officer				President/CEO	
Telephone number of authorized officer: () - , ext.				3608326161	
Study Area Code of Reporting Carrier		522431		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
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 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: **PIONEER TEL CO**

Signature of Authorized Officer or employee: **Dallas Filan**
Digitally signed by Dallas Filan DN:cn=Dallas Filan,email=dfilan@pionnet.com,O=pioneer tel co,l=Lacrosse WA 99143, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Dallas Filan**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **509-549-3511**

Study Area Code of Reporting Carrier

522437

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

6/17/2013

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 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: **ST JOHN TEL CO**

Signature of Authorized Officer or employee: **Gregory Morasch**
Digitally signed by Gregory Morasch DN:cn=Gregory Morasch,email=gmorasch@stjohncable.com,O=st john tel co,l=St. John WA 99171, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **Gregory Morasch**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **509-648-3322**

Study Area Code of Reporting Carrier

522442

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

6/17/2013

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 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: **TENINO TELEPHONE CO**

Signature of Authorized Officer or employee: **Rick Vitzthum**
Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino telephone co,l=Tenino WA 98589, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **Rick Vitzthum**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **360-264-3155**

Study Area Code of Reporting Carrier

522446

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

6/17/2013

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 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: **TOLEDO TELEPHONE CO**

Signature of Authorized Officer or employee: Philip Cappalonga	Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co,l= , Date:5/22/2013	Date: 5/22/2013
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Printed name of Authorized Officer or employee: **Philip Cappalonga**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **360-864-2004**

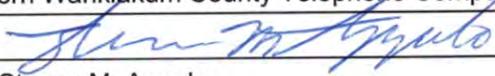
Study Area Code of Reporting Carrier	522447		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

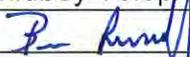
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Western Wahkiakum County Telephone Company	
Signature of authorized officer				Date	
Printed name of authorized officer		Steven M. Appelo			
Title or position of authorized officer		Corporate Secretary			
Telephone number of authorized officer:		(360) 465-2211 ext.			
Study Area Code of Reporting Carrier		522451		Filing Due Date for this form (mm/dd/yyyy)	
				6/17/2013	
<p>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.</p>					

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				Whidbey Telephone Company	
Signature of authorized officer				Date	5-28-2013
Printed name of authorized officer		Bruce Russell			
Title or position of authorized officer		COO			
Telephone number of authorized officer:		(360) 321-0086			
Study Area Code of Reporting Carrier	522452	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013		
<p>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.</p>					

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: **BEAVER CREEK COOP**

Signature of Authorized Officer or employee: **Paul Hauer**
Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@bctelco.com,O=beaver creek coop,l=Oregon City OR 97045, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Paul Hauer**

Title or position of Authorized Officer or employee: **CEO/President**

Telephone number of Authorized Officer or employee: **503-632-6314**

Study Area Code of Reporting Carrier

532359

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

6/17/2013

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 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: **CANBY TEL ASSN**

Signature of Authorized Officer or employee: **Keith Galitz**

Digitally signed by Keith Galitz DN:cn=Keith Galitz,email=kgalitz@canbytel.com,O=canby tel assn,I=Canby OR 97013-0880, Date:5/22/2013

Date: **5/22/2013**

Printed name of Authorized Officer or employee: **Keith Galitz**

Title or position of Authorized Officer or employee: **President/GM**

Telephone number of Authorized Officer or employee: **503-266-8200**

Study Area Code of Reporting Carrier

532362

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

6/17/2013

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 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: CLEAR CREEK MUTUAL

Signature of Authorized Officer or employee: **Mitchell Moore**
Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Mitchell Moore

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 503-631-2101

Study Area Code of Reporting Carrier	532363		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: COLTON TEL CO

Signature of Authorized Officer or employee: **Stephanie Sauvageau**
Digitally signed by Stephanie Sauvageau DN:cn=Stephanie Sauvageau,email=stephanie@coltontel.com,O=colton tel co,l=Colton OR 97017, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Stephanie Sauvageau

Title or position of Authorized Officer or employee: Accounting Assistant

Telephone number of Authorized Officer or employee: 503-824-5863

Study Area Code of Reporting Carrier

532364

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

6/17/2013

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 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: **EAGLE TEL SYSTEMS**

Signature of Authorized Officer or employee: **Mike Lattin**

Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle tel systems,I=Richland OR 97870, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Mike Lattin**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **541-893-6111**

Study Area Code of Reporting Carrier

532369

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

6/17/2013

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 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: **CASCADE UTIL INC**

Signature of Authorized Officer or employee: **Brooke Wheeler**
Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade util inc,l=Estacada OR 97023, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier

532371

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

6/17/2013

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 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: **GERVAIS TELEPHONE CO**

Signature of Authorized Officer or employee: **John Hoffmann**
Digitally signed by John Hoffmann DN:cn=John Hoffmann,email=jhoffmann@gervaisstel.com,O=gervais telephone co,l=Gervais OR 97026, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **John Hoffmann**

Title or position of Authorized Officer or employee: **President/CEO**

Telephone number of Authorized Officer or employee: **503-792-3611**

Study Area Code of Reporting Carrier

532373

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

6/17/2013

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 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		ROOME TELECOMMUNICATIONS INC	
Signature of authorized officer		Date	5-21-13
Printed name of authorized officer		RANDAL L ROOME	
Title or position of authorized officer		PRESIDENT	
Telephone number of authorized officer:		(541) 369-2211 ext	
Study Area Code of Reporting Carrier	532375	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013

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 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: **HELIX TEL CO.**

Signature of Authorized Officer or employee: **James Smith**
Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix tel co.,l=Helix OR 97385, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **James Smith**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **541-457-2385**

Study Area Code of Reporting Carrier	532376		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: **TRANS-CASCADES TEL**

Signature of Authorized Officer or employee: **Brooke Wheeler**

Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades tel,I=Estacada OR 97023, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier

532378

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

6/17/2013

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 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: **MOLALLA TEL CO.**

Signature of Authorized Officer or employee: **Steve Loutzenhiser**
Digitally signed by Steve Loutzenhiser DN:cn=Steve Loutzenhiser,email=sloutzenhiser@molalla.com,O=molalla tel co.,l=Molalla OR 97038, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **Steve Loutzenhiser**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **503-829-1123**

Study Area Code of Reporting Carrier	532383		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: **MONITOR COOP TEL**

Signature of Authorized Officer or employee: **Geri Fraijo**

Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor coop tel,l= , Date:5/20/2013

Date: **5/20/2013**

Printed name of Authorized Officer or employee: **Geri Fraijo**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **503-634-2266**

Study Area Code of Reporting Carrier

532384

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

6/17/2013

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 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 S1.917(d)(vii).

Name of Reporting Carrier: Monroe Telephone Company			
Signature of authorized officer: <i>Donna M. Dillard</i>		Date:	05-23-2013
Printed name of authorized officer: Donna M. Dillard			
Title or position of authorized officer: Secretary/Treasurer			
Telephone number of authorized officer: (541) 847-5135			
Study Area Code of Reporting Carrier:	532385	Filing Due Date for this form (mm/dd/yyyy):	6/17/2013
<p>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.</p>			

532386

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery

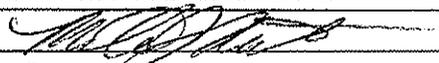
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				MT. ANGEL TEL CO.			
Signature of authorized officer			Date		5/22/13		
Printed name of authorized officer				KEITH GALITZ			
Title or position of authorized officer				PRESIDENT			
Telephone number of authorized officer: (503) 266-8200							
Study Area Code of Reporting Carrier		532386		Filing Due Date for this form (mm/dd/yyyy)		6/17/2013	
<p>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.</p>							

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				Nehalem Telecommunications Inc.			
Signature of authorized officer					Date		05/23/2013
Printed name of authorized officer			Michael J. Martell				
Title or position of authorized officer			Vice-President				
Telephone number of authorized officer:			(208) 366-2614 ext.				
Study Area Code of Reporting Carrier		532387	Filing Due Date for this form (mm/dd/yyyy)		6/17/2013		
<p>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.</p>							

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: **NORTH STATE TEL CO.**

Signature of Authorized Officer or employee: **Delinda Kluser**
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=north state tel co.,l=Mt. Vernon OR 97865-0609, Date:5/23/2013

Date: **5/23/2013**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

532388

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

6/17/2013

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 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: OREGON TEL CORP

Signature of Authorized Officer or employee: **Delinda Kluser**
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp,l=Mt. Vernon OR 97865-0609, Date:5/23/2013

Date: 5/23/2013

Printed name of Authorized Officer or employee: Delinda Kluser

Title or position of Authorized Officer or employee: Vice President, Manager

Telephone number of Authorized Officer or employee: 541-932-4411

Study Area Code of Reporting Carrier	532389		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: OREGON-IDAHO UTIL.

Signature of Authorized Officer or employee: **Alison Beck**
Digitally signed by Alison Beck DN:cn=Alison Beck,email=abeck@or-id.com,O=oregon-idaho util.,l= , Date:5/24/2013

Date: 5/24/2013

Printed name of Authorized Officer or employee: Alison Beck

Title or position of Authorized Officer or employee: Manager - Regulatory & External Affairs

Telephone number of Authorized Officer or employee: 510-338-4622

Study Area Code of Reporting Carrier	532390		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: **PEOPLES TEL CO. - OR**

Signature of Authorized Officer or employee: **Don Lawrence**
Digitally signed by Don Lawrence DN:cn=Don Lawrence,email=donl@sctcweb.com,O=peoples tel co. - or,l=Stayton OR 97383-0898, Date:5/23/2013

Date: **5/23/2013**

Printed name of Authorized Officer or employee: **Don Lawrence**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **503-769-9057**

Study Area Code of Reporting Carrier	532391		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: **PINE TEL SYSTEM INC.**

Signature of Authorized Officer or employee: **Ron Milford**
Digitally signed by Ron Milford DN:cn=Ron Milford,email=ronl@pinetel.net,O=pine tel system inc.,l=Halfway OR 97834, Date:5/24/2013

Date: **5/24/2013**

Printed name of Authorized Officer or employee: **Ron Milford**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **541-742-2201**

Study Area Code of Reporting Carrier

532392

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

6/17/2013

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 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: **PIONEER TEL COOP**

Signature of Authorized Officer or employee: **Michael Whalen**
Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneer.net,O=pioneer tel coop,l=Philomath OR 97370-0631, Date:5/23/2013

Date: **5/23/2013**

Printed name of Authorized Officer or employee: **Michael Whalen**

Title or position of Authorized Officer or employee: **Assistant Treasurer**

Telephone number of Authorized Officer or employee: **541-929-8256**

Study Area Code of Reporting Carrier

532393

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

6/17/2013

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 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: **ST PAUL COOP ASSN**

Signature of Authorized Officer or employee: **Nick Schneider**
Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st paul coop assn,l=St. Paul OR 97137, Date:5/24/2013

Date: **5/24/2013**

Printed name of Authorized Officer or employee: **Nick Schneider**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **503-633-2111**

Study Area Code of Reporting Carrier

532396

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

6/17/2013

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 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: SCIO MUTUAL TEL ASSN

Signature of Authorized Officer or employee: **Thomas Barth**

Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tbarth@smt-net.com,O=scio mutual tel assn, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Thomas Barth

Title or position of Authorized Officer or employee: CEO/General Manager

Telephone number of Authorized Officer or employee: 503-394-3366

Study Area Code of Reporting Carrier

532397

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

6/17/2013

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 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: **STAYTON COOP TEL CO**

Signature of Authorized Officer or employee: **Don Lawrence**
Digitally signed by Don Lawrence DN:cn=Don Lawrence,email=donl@sctcweb.com,O=stayton coop tel co,l=Stayton OR 97383-0898, Date:5/23/2013

Date: **5/23/2013**

Printed name of Authorized Officer or employee: **Don Lawrence**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **503-769-9057**

Study Area Code of Reporting Carrier

532399

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

6/17/2013

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 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: OREGON TEL CORP-MTE

Signature of Authorized Officer or employee: **Delinda Kluser**
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,I=Mt. Vernon OR 97865-0609, Date:5/23/2013

Date: 5/23/2013

Printed name of Authorized Officer or employee: Delinda Kluser

Title or position of Authorized Officer or employee: Vice President, Manager

Telephone number of Authorized Officer or employee: 541-932-4411

Study Area Code of Reporting Carrier	533336		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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				Calaveras Telephone Company	
Signature of authorized officer				Date	5/28/2013
Printed name of authorized officer		Louis Cherniss			
Title or position of authorized officer		Chief Financial Officer			
Telephone number of authorized officer: (209) 785-2211 ext.					
Study Area Code of Reporting Carrier	542301	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013		

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 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: **CAL-ORE TELEPHONE CO**

Signature of Authorized Officer or employee: **Waihun Yee**
Digitally signed by Waihun Yee DN:cn=Waihun Yee,email=waihun@cot.net,O=cal-ore telephone co,l=Dorris CA 962023-084, Date:5/22/2013

Date: **5/22/2013**

Printed name of Authorized Officer or employee: **Waihun Yee**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **530-397-2211**

Study Area Code of Reporting Carrier

542311

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

6/17/2013

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 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: **DUCOR TELEPHONE CO**

Signature of Authorized Officer or employee: **Eric Wolfe**

Digitally signed by Eric Wolfe DN:cn=Eric Wolfe,email=egwolfe@ducortelco.com,O=ducor telephone co,l=Bakersfield CA 93384-2230, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Eric Wolfe**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **661-834-7700**

Study Area Code of Reporting Carrier

542313

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

6/17/2013

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.

542318

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		Foresthill Telephone Co (dba Sebastian)	
Signature of authorized officer	<i>Rhonda Armstrong</i>	Date	5/23/13
Printed name of authorized officer		Rhonda Armstrong	
Title or position of authorized officer		Vice President of Operations	
Telephone number of authorized officer: (530) 367-7780			
Study Area Code of Reporting Carrier	542318	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013

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 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	Kerman Telephone Co. (aba Sebastian)		
Signature of authorized officer	<i>Rhonda Armstrong</i>	Date	5/23/13
Printed name of authorized officer	Rhonda Armstrong		
Title or position of authorized officer	Vice President of Operations		
Telephone number of authorized officer:	(530) 367-7780		
Study Area Code of Reporting Carrier	542324	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
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 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				The Ponderosa Telephone Co.	
Signature of authorized officer		<i>E. L. Silkwood</i>		Date	05/21/2013
Printed name of authorized officer		E. L. Silkwood			
Title or position of authorized officer		President			
Telephone number of authorized officer: (559) 868-6395 ext.					
Study Area Code of Reporting Carrier		542332	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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 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 **Sierra Telephone Company, Inc.**

Signature of authorized officer *Cindy A. Huber* Date *May 24, 2013*

Printed name of authorized officer **Cindy A. Huber**

Title or position of authorized officer **Vice President Operations**

Telephone number of authorized officer. (559) 683-4611 , ext.

Study Area Code of Reporting Carrier	542338	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
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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 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 Siskiyou Telephone Company			
Signature of authorized officer <i>James T. Lowers</i>	Date	05/23/2013	
Printed name of authorized officer James T. Lowers			
Title or position of authorized officer President			
Telephone number of authorized officer: (530) 467-6171 ext.			
Study Area Code of Reporting Carrier	542339	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
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 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: VOLCANO TEL CO

Signature of Authorized Officer or employee: Earl Bishop
Digitally signed by Earl Bishop DN:cn=Earl Bishop,email=earlb@volcanotel.com,O=volcano tel co,l=Pine Grove CA 95665, Date:5/23/2013

Date: 5/23/2013

Printed name of Authorized Officer or employee: Earl Bishop

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 209-296-1447

Study Area Code of Reporting Carrier

542343

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

6/17/2013

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 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: **PINNACLES TEL CO**

Signature of Authorized Officer or employee: **Steven Bryan**

Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **Steven Bryan**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **831-389-4500**

Study Area Code of Reporting Carrier

542346

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

6/17/2013

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 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: **FILER MUTUAL TEL -NV**

Signature of Authorized Officer or employee: **Steve Cowger**
Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -nv,l=Filer ID 83328, Date:5/24/2013

Date: **5/24/2013**

Printed name of Authorized Officer or employee: **Steve Cowger**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **208-326-4339**

Study Area Code of Reporting Carrier

552220

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

6/17/2013

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.

552233

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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).</p>			
Name of Reporting Carrier Rural Telephone Company - NV			
Signature of authorized officer 		Date	05/23/2013
Printed name of authorized officer Michael J. Martell			
Title or position of authorized officer Vice-President			
Telephone number of authorized officer: (208) 366-2614 ext.			
Study Area Code of Reporting Carrier	552233	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
<p>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.</p>			

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: BEEHIVE TEL CO - NV

Signature of Authorized Officer or employee: **Wayne McCulley**
Digitally signed by Wayne McCulley DN:cn=Wayne McCulley,email=waynem@beehive.net,O=beehive tel co - nv,l= , Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Wayne McCulley

Title or position of Authorized Officer or employee: Secretary/Treasurer

Telephone number of Authorized Officer or employee: 801-250-6639

Study Area Code of Reporting Carrier	552284		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: **CHURCHILL-CC COMM.**

Signature of Authorized Officer or employee: **Mark Feest**

Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@corp.cccomm.net,O=churhill-cc comm.,l=Fallon NV 89407, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Mark Feest**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **775-423-7654**

Study Area Code of Reporting Carrier

552349

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

6/17/2013

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 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: **LINCOLN CTY TEL SYS**

Signature of Authorized Officer or employee: **John Christian, III**
Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,I=Plioche NV 89043, Date:5/22/2013

Date: **5/22/2013**

Printed name of Authorized Officer or employee: **John Christian, III**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **775-962-5131**

Study Area Code of Reporting Carrier	552351		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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.

552353

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 Moapa Valley Telephone Company			
Signature of authorized officer 		Date	05/22/2013
Printed name of authorized officer John W. Lyon			
Title or position of authorized officer President			
Telephone number of authorized officer: (702) 397-2601			
Study Area Code of Reporting Carrier	552353	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
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 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: **RIO VIRGIN TEL CO**

Signature of Authorized Officer or employee: **Brooke Wheeler**
Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin tel co,l=Estacada OR 97023, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

Title or position of Authorized Officer or employee: **Controller**

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier

552356

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

6/17/2013

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 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: **HUMBOLDT TEL CO**

Signature of Authorized Officer or employee: **Alison Beck**
Digitally signed by Alison Beck DN:cn=Alison Beck,email=abeck@or-id.com,O=humboldt tel co,l= , Date:5/24/2013

Date: **5/24/2013**

Printed name of Authorized Officer or employee: **Alison Beck**

Title or position of Authorized Officer or employee: **Manager - Regulatory & External Affairs**

Telephone number of Authorized Officer or employee: **510-338-4622**

Study Area Code of Reporting Carrier

553304

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

6/17/2013

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 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: **ADAK TEL UTILITY**

Signature of Authorized Officer or employee: **Andilea Weaver**

Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adaktu tel utility, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Andilea Weaver**

Title or position of Authorized Officer or employee: **Vice President/COO**

Telephone number of Authorized Officer or employee: **907-222-0844**

Study Area Code of Reporting Carrier

610989

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

6/17/2013

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 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: **ARCTIC SLOPE TEL**

Signature of Authorized Officer or employee: **Clover McNeil**

Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel,l= , Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer or employee: **Clover McNeil**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **907-564-2680**

Study Area Code of Reporting Carrier

613001

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

6/17/2013

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 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: **BETTLES TEL CO INC**

Signature of Authorized Officer or employee: **Michael Garrett**
Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=bettles tel co inc,l=Port Townsend WA 98368, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Michael Garrett**

Title or position of Authorized Officer or employee: **COO - Executive VP**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier	613002		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: **BRISTOL BAY TEL COOP**

Signature of Authorized Officer or employee: **Todd Hoppe**
Digitally signed by Todd Hoppe DN:cn=Todd Hoppe,email=manager@bristolbay.com,O=bristol bay tel coop,l=King Salmon AK 99613, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Todd Hoppe**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **907-246-3403**

Study Area Code of Reporting Carrier	613003		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: **BUSH-TEL INC.**

Signature of Authorized Officer or employee: **W. DeVore**
Digitally signed by W. DeVore DN:cn=W. DeVore,email=doug.devore@mscon.com,O=bush-tel inc.,l=Aniak AK 99557-1009, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **W. DeVore**

Title or position of Authorized Officer or employee: **VP/Assist. Gen. Mgr.**

Telephone number of Authorized Officer or employee: **907-675-4311**

Study Area Code of Reporting Carrier

613004

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

6/17/2013

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 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: **CIRCLE TEL & ELEC**

Signature of Authorized Officer or employee: **David Masephol**
Digitally signed by David Masephol DN: cn=David Masephol, email=damasephol@gmail.com, O=Circle tel & elec, I=Circle AK 99733, Date:5/23/2013

Date: **5/23/2013**

Printed name of Authorized Officer or employee: **David Masephol**

Title or position of Authorized Officer or employee: **Member Owner**

Telephone number of Authorized Officer or employee: **907-773-5500**

Study Area Code of Reporting Carrier

613005

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

6/17/2013

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 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				Copper Valley Telephone Cooperative, Inc.	
Signature of authorized officer		<i>Pamla R Murphy</i>		Date	5/28/2013
Printed name of authorized officer		Pamla R Murphy			
Title or position of authorized officer		Chief Financial Officer			
Telephone number of authorized officer:		(907) 835-2231			
Study Area Code of Reporting Carrier	613006	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013		
<p>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.</p>					

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				Cordova Telephone Cooperative, Inc.	
Signature of authorized officer		<i>Paul Kelly</i>		Date	05/24/2013
Printed name of authorized officer		Paul Kelly			
Title or position of authorized officer		General Manager/ CEO			
Telephone number of authorized officer:		(907) 424-2345 ext.			
Study Area Code of Reporting Carrier	613007	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013		
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 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: **INTERIOR TEL CO INC**

Signature of Authorized Officer or employee: **Brenda Shepard**
Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=interior tel co inc,l= , Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Brenda Shepard**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **907-563-2003**

Study Area Code of Reporting Carrier

613011

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

6/17/2013

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 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: **KETCHIKAN PUBLIC UT**

Signature of Authorized Officer or employee: **Dan Lindgren**

Digitally signed by Dan Lindgren DN:cn=Dan Lindgren,email=danl@city.ketchikan.ak.us,O=ketchikan public ut, Date:5/22/2013

Date: **5/22/2013**

Printed name of Authorized Officer or employee: **Dan Lindgren**

Title or position of Authorized Officer or employee: **Assistant KPU Telecommunications Manager**

Telephone number of Authorized Officer or employee: **907-228-5439**

Study Area Code of Reporting Carrier

613013

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

6/17/2013

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 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: Matanuska Telephone Association, Inc			
Signature of authorized officer: <i>Wanda Tankersley</i>	Date:	5/28/13	
Printed name of authorized officer: Wanda Tankersley			
Title or position of authorized officer: Chief Financial Officer			
Telephone number of authorized officer: (907) 761-2654			
Study Area Code of Reporting Carrier:	613015	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
<p>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.</p>			

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: **MUKLUK TEL CO INC**

Signature of Authorized Officer or employee: **Brenda Shepard**
Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=mukluk tel co inc,l= , Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Brenda Shepard**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **907-563-2003**

Study Area Code of Reporting Carrier

613016

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

6/17/2013

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 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: ALASKA TEL CO

Signature of Authorized Officer or employee: **Michael Garrett**
Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=alaska tel co,l=Port Townsend WA 98368, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Michael Garrett

Title or position of Authorized Officer or employee: COO - Executive VP

Telephone number of Authorized Officer or employee: 360-385-1733

Study Area Code of Reporting Carrier	613017		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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				Nushagak Electric & Telephone Cooperative Inc.	
Signature of authorized officer		<i>Michael Megli</i>		Date	5/23/13
Printed name of authorized officer		Michael O. Megli			
Title or position of authorized officer		Chief Executive Officer			
Telephone number of authorized officer: (907) 842-5251 ext.					
Study Area Code of Reporting Carrier		613018	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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 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: **OTZ TEL COOPERATIVE**

Signature of Authorized Officer or employee: **Doug Neal**
Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kolzebue AK 99752, Date:5/23/2013

Date: **5/23/2013**

Printed name of Authorized Officer or employee: **Doug Neal**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **907-442-1000**

Study Area Code of Reporting Carrier

613019

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

6/17/2013

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 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 United Utilities, Inc.			
Signature of authorized officer	<i>Steve Hamlen</i>	Date	5/29/2013
Printed name of authorized officer Steve Hamlen			
Title or position of authorized officer President			
Telephone number of authorized officer: (907) 273-5210 ext.			
Study Area Code of Reporting Carrier	613023	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
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 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: YUKON TEL CO INC

Signature of Authorized Officer or employee: Paula Eller
Digitally signed by Paula Eller DN:cn=Paula Eller,email=paula@yukontel.com,O=yukon tel co inc, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer or employee: Paula Eller

Title or position of Authorized Officer or employee: Secretary/Treasurer

Telephone number of Authorized Officer or employee: 907-745-5363

Study Area Code of Reporting Carrier	613025		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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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 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: **NORTH COUNTRY TEL CO**

Signature of Authorized Officer or employee: **Michael Garrett**

Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=north country tel co,l=Port Townsend WA 98368, Date:5/28/2013

Date: **5/28/2013**

Printed name of Authorized Officer or employee: **Michael Garrett**

Title or position of Authorized Officer or employee: **COO - Executive VP**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier

613026

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

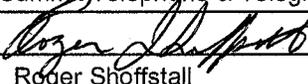
6/17/2013

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 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)(vi).

Name of Reporting Carrier				The Summit Telephone & Telegraph Company Inc. DBA Summit Telephone Company			
Signature of authorized officer				Date		05/21/2013	
Printed name of authorized officer		Roger Shoffstall					
Title or position of authorized officer		President / CEO					
Telephone number of authorized officer:		(907) 389-1012 ext.					
Study Area Code of Reporting Carrier		613028		Filing Due Date for this form (mm/dd/yyyy)		6/17/2013	
<p>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.</p>							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>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 S1.917(d)(vii).</p>			
<p>Name of Reporting Carrier Sandwich Isles Communications, Inc.</p>			
<p>Signature of authorized officer </p>		<p>Date 5/23/13</p>	
<p>Printed name of authorized officer Albert S.N. Hee</p>			
<p>Title or position of authorized officer President</p>			
<p>Telephone number of authorized officer: (808) 524-8400</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>623021</p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/17/2013</p>
<p>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.</p>			

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: **TELEGUAM HOLDINGS**

Signature of Authorized Officer or employee: John Brady	Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,l= , Date:5/22/2013	Date: 5/22/2013
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Printed name of Authorized Officer or employee: **John Brady**

Title or position of Authorized Officer or employee: **CFO**

Telephone number of Authorized Officer or employee: **671-644-0013**

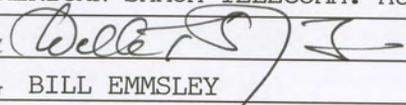
Study Area Code of Reporting Carrier	663800		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY 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				AMERICAN SAMOA TELECOMM. AUTHORITY			
Signature of authorized officer				Date		05/28/2013	
Printed name of authorized officer				BILL EMMSLEY			
Title or position of authorized officer				EXECUTIVE DIRECTOR			
Telephone number of authorized officer: 684 699-1121							
Study Area Code of Reporting Carrier		673900		Filing Due Date for this form (mm/dd/yyyy)		6/17/2013	
<p>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.</p>							

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 See Attachment				
Signature of authorized officer <i>Michael T Skrivan</i>			Date	May 28, 2013
Printed name of authorized officer Michael T. Skrivan				
Title or position of authorized officer Vice President - Regulatory				
Telephone number of authorized officer: (207) 535-4150				
Study Area Code of Reporting Carrier		See Attachment	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
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.				

Attachment 1

Study Area Code

Study Area	The FairPoint Telephone Companies	State
100015	COMMUNITY SERVICE	ME
150073	BERKSHIRE TEL CORP	NY
150078	CHAUTAUQUA & ERIE	NY
150084	TACONIC TEL CORP	NY, MA
170145	BENTLEYVILLE TEL CO	PA
170185	MARIANNA - SCENERY	PA
190244	PEOPLES MUTUAL TEL	VA
210291	GTC, INC.	FL, AL
210329	GTC, INC.	FL
210339	GTC, INC.	FL
300604	COLUMBUS GROVE TEL	OH
300618	GERMANTOWN IND	OH
341004	EL PASO TEL CO	IL
341009	C-R TEL CO	IL
341065	ODIN TEL EXCH INC	IL
411835	BLUESTEM TELEPHONE CO.	KS
411835	SUNFLOWER TELEPHONE COMPANY INC	KS
421472	FAIRPOINT MISSOURI	MO, KS
431981	CHOUTEAU TEL CO	OK
461835	SUNFLOWER TEL - CO	CO
462192	BIG SANDY TELECOM	CO
462204	COLUMBINE ACQ CORP	CO
522412	ELLENSBURG TEL CO	WA
522453	YCOM NETWORKS, INC.	WA

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		The FairPoint Telephone Companies	
Signature of authorized officer	<i>Michael T Skrivan</i>	Date	06/19/2013
Printed name of authorized officer	Michael T Skrivan		
Title or position of authorized officer	VP Regulatory		
Telephone number of authorized officer:	(207) 535-4150		
Study Area Code of Reporting Carrier	300649	Filing Due Date for this form (mm/dd/yyyy)	6/24/2013

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 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		See attached list.	
Signature of authorized officer or employee			Date
<i>Kevin G. Hess</i>			5/24/2013
Printed name of authorized officer or employee		Kevin G. Hess	
Title or position of authorized officer or employee		Sr. Vice President	
Telephone number of authorized officer or employee: (608) 664 - 4160, ext. _ _ _ _ _			
Study Area Code of Reporting Carrier	See attached list.	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013

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.

Study Area Name	Study Area Code	Title of Certifying Officer or Employee
Cobbossecontee	100005	Company Officer
The Island (ME)	100007	Company Officer
Hampden	100010	Company Officer
Hartland	100011	Company Officer
Somerset	100024	Company Officer
Warren	100031	Company Officer
West Penobscot	100034	Company Officer
Kearsarge	120045	Company Officer
Merrimack County	120047	Company Officer
Union	120049	Company Officer
Wilton	120050	Company Officer
MCTA, Inc.	123321	Company Officer
Ludlow	140058	Company Officer
Northfield	140061	Company Officer
Perkinsville	140062	Company Officer
Deposit	150089	Company Officer
Edwards	150092	Company Officer
Oriskany Falls	150114	Company Officer
Port Byron	150118	Company Officer
Township	150129	Company Officer
Vernon	150133	Company Officer
M & M	170183	Company Officer
Sugar Valley	170206	Company Officer
Amelia	190217	Company Officer
Virginia	190253	Company Officer
New Castle	193029	Company Officer
Quincy (FL)	210338	Company Officer
Quincy (GA)	220338	Company Officer
Blue Ridge	220346	Company Officer
Nelson-Ball Ground	220375	Company Officer
Barnardsville	230469	Company Officer
Saluda Mountain	230498	Company Officer
Service	230500	Company Officer
McClellanville	240533	Company Officer
Norway	240535	Company Officer

St. Stephen	240544	Company Officer
Williston	240551	Company Officer
Butler	250284	Company Officer
Oakman	250311	Company Officer
Peoples (AL)	250314	Company Officer
Leslie County	260411	Company Officer
Lewisport	260412	Company Officer
Salem	260417	Company Officer
Calhoun City	280448	Company Officer
Southeast Mississippi	283301	Company Officer
Myrtle	287449	Company Officer
Concord	290559	Company Officer
Humphrey's	290566	Company Officer
Tellico	290578	Company Officer
Arcadia	300585	Company Officer
Continental	300607	Company Officer
Little Miami	300613	Company Officer
Oakwood	300645	Company Officer
Vanlue	300662	Company Officer
Comm. Corp. of Michigan	310672	Company Officer
Island (MI)	310677	Company Officer
Chatham	310685	Company Officer
Shiawassee	310726	Company Officer
Wolverine	310738	Company Officer
Camden, IN	320744	Company Officer
Comm. Corp. of Indiana	320776	Company Officer
Home-Pittsboro	320777	Company Officer
Home-Waldron	320778	Company Officer
Merchants & Farmers	320788	Company Officer
Comm. Corp of S. Indiana	320809	Company Officer
S & W	320816	Company Officer
Tipton	320829	Company Officer
Tri-County	320830	Company Officer
West Point	320837	Company Officer
Badger Telecom	330844	Company Officer
Black Earth	330849	Company Officer
Bonduel	330851	Company Officer
B.B. & W.	330856	Company Officer
Central State	330859	Company Officer
Dickeyville	330875	Company Officer
Farmers	330880	Company Officer
Mid-Plains	330881	Company Officer
Midway	330909	Company Officer
EastCoast Telecom	330914	Company Officer
Mosinee	330915	Company Officer
Grantland	330930	Company Officer
Riverside Telecom	330943	Company Officer
Scandinavia	330945	Company Officer

Southeast Telephone Com	330952	Company Officer
Stockbridge & Sherwood	330954	Company Officer
State Long Distance	330955	Company Officer
Tenney	330958	Company Officer
Utelco	330963	Company Officer
Waunakee	330968	Company Officer
Arvig	361350	Company Officer
Bridgewater	361362	Company Officer
KMP	361413	Company Officer
Mid-State	361433	Company Officer
Winsted	361507	Company Officer
Cleveland County	401698	Company Officer
Decatur	401699	Company Officer
New London	421928	Company Officer
Orchard Farm	421934	Company Officer
Stoutland	421951	Company Officer
Mid-America	432010	Company Officer
Wyandotte	432034	Company Officer
Arizona	452171	Company Officer
Southwestern	452174	Company Officer
Delta County	462184	Company Officer
Strasburg	462207	Company Officer
Potlatch	472230	Company Officer
Asotin (WA)	522404	Company Officer
Lewis River	522427	Company Officer
McDaniel	522430	Company Officer
Home (OR)	532377	Company Officer
Asotin (OR)	532404	Company Officer
Happy Valley	542321	Company Officer
Hornitos	542322	Company Officer
Winterhaven	542323	Company Officer