

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: STONEHAM COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Taya Northrup</p>				<p>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</p>	
<p>Date: 5/21/2013</p>					
<p>Printed name of Authorized Officer or employee: Taya Northrup</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 970-735-2251</p>					
Study Area Code of Reporting Carrier	462206		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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<p>Name of Reporting Carrier: WIGGINS TEL ASSOC</p>					
<p>Signature of Authorized Officer or employee: April Simmons</p>				<p>Digitally signed by April Simmons DN:cn=April Simmons,email=april@wigginstel.com,O=wiggins tel assoc,l= , Date:5/21/2013</p>	
<p>Date: 5/21/2013</p>					
<p>Printed name of Authorized Officer or employee: April Simmons</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 970-483-7343</p>					
Study Area Code of Reporting Carrier	462209		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: WILLARD TEL CO					
Signature of Authorized Officer or employee: Carrie Klem				<small>Digitally signed by Carrie Klem DN:cn=Carrie Klem,email=carriek@willardtel.com,O=willard tel co,l= , Date:5/21/2013</small> 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	
<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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<p>Name of Reporting Carrier: ALBION TEL CO-ATC</p>					
<p>Signature of Authorized Officer or employee: Rich Redman</p>				<p><small>Digitally signed by Rich Redman DN:cn=Rich Redman,email=rich@atcnet.net,O=albion tel co-atc,I=Albion ID 83311, Date:5/22/2013</small></p> <p>Date: 5/22/2013</p>	
<p>Printed name of Authorized Officer or employee: Rich Redman</p>					
<p>Title or position of Authorized Officer or employee: Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 208-673-5335</p>					
<p>Study Area Code of Reporting Carrier</p>	472213		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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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<p>Name of Reporting Carrier: CAMBRIDGE TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kristie Kanady</p>				<p><small>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</small></p> <p>Date: 5/21/2013</p>	
<p>Printed name of Authorized Officer or employee: Kristie Kanady</p>					
<p>Title or position of Authorized Officer or employee: Billing Manager</p>					
<p>Telephone number of Authorized Officer or employee: 208-257-3314</p>					
Study Area Code of Reporting Carrier	472215		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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<p>Name of Reporting Carrier: CUSTER TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Clayton Severe</p>				<p>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</p>	
<p>Date: 5/21/2013</p>					
<p>Printed name of Authorized Officer or employee: Clayton Severe</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 208-879-2281</p>					
Study Area Code of Reporting Carrier	472218		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: FILER MUTUAL TEL -ID					
Signature of Authorized Officer or employee: Steve Cowger <small>Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -id,j=Filer ID 83328, Date:5/24/2013</small>				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	
<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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<p>Name of Reporting Carrier: FARMERS MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Daniel Greig</p>				<p><small>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</small></p> <p>Date: 5/21/2013</p>	
<p>Printed name of Authorized Officer or employee: Daniel Greig</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 208-452-3100</p>					
<p>Study Area Code of Reporting Carrier</p>	472221		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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 ext.			
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 Midvale Telephone-Idaho

Signature of authorized officer

SCAP

Date

5-23-13

Printed name of authorized officer Steve Child

Title or position of authorized officer CEO

Telephone number of authorized officer: 208, 355-2211 ext 7180

Study Area Code of Reporting Carrier

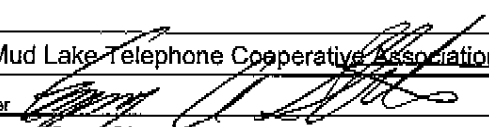
472226

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 <u>Mud Lake Telephone Cooperative Association, Inc.</u>			
Signature of authorized officer 		Date	<u>5/20/2013</u>
Printed name of authorized officer <u>Greg Shenton</u>			
Title or position of authorized officer <u>Vice President</u>			
Telephone number of authorized officer: <u>(208) 374-5401</u>			
Study Area Code of Reporting Carrier	<u>472227</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.			

Transmittal No. 1389

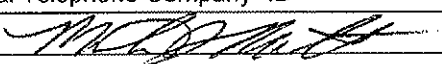
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<p>Name of Reporting Carrier: PROJECT MUTUAL TEL</p>					
<p>Signature of Authorized Officer or employee: Rick Harder</p>				<p><small>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel,= , Date:5/24/2013</small></p> <p>Date: 5/24/2013</p>	
<p>Printed name of Authorized Officer or employee: Rick Harder</p>					
<p>Title or position of Authorized Officer or employee: CFO/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 208-434-7124</p>					
<p>Study Area Code of Reporting Carrier</p>	472231		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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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<p>Name of Reporting Carrier: DIRECT COMM-ROCKLAND</p>					
<p>Signature of Authorized Officer or employee: Leonard May</p>				<p><small>Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland, =Rockland ID 83271, Date:5/22/2013</small></p>	
<p>Date: 5/22/2013</p>					
<p>Printed name of Authorized Officer or employee: Leonard May</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 208-548-2345</p>					
<p>Study Area Code of Reporting Carrier</p>	472232		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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 ext.			
Study Area Code of Reporting Carrier	472233	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. §5 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

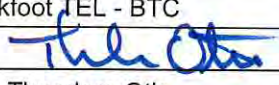
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<p>Name of Reporting Carrier: SILVER STAR TEL- ID</p>					
<p>Signature of Authorized Officer or employee: Jefferson England</p>				<p><small>Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel-id,I=Freedom WY 83120, Date:5/28/2013</small></p> <p>Date: 5/28/2013</p>	
<p>Printed name of Authorized Officer or employee: Jefferson England</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 307-883-6675</p>					
<p>Study Area Code of Reporting Carrier</p>	472295		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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: INLAND TEL-ID					
Signature of Authorized Officer or employee: James Brooks <small>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</small>				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	
<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 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 ext.			
Study Area Code of Reporting Carrier	482235	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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<p>Name of Reporting Carrier: HOT SPRINGS TEL CO</p>					
<p>Signature of Authorized Officer or employee: Kathe Johnson</p>				<p>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</p>	
<p>Date: 5/20/2013</p>					
<p>Printed name of Authorized Officer or employee: Kathe Johnson</p>					
<p>Title or position of Authorized Officer or employee: Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 406-721-0846</p>					
Study Area Code of Reporting Carrier	482241		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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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

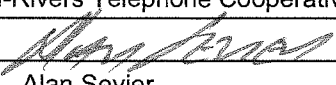
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Name of Reporting Carrier <u>Inter Bel Telephone Coop</u>			
Signature of authorized officer <u>[Signature]</u>		Date <u>6/3/13</u>	
Printed name of authorized officer <u>Randy L. Wilson</u>			
Title or position of authorized officer <u>CEO General Manager</u>			
Telephone number of authorized officer: <u>402 884 3344</u> ext.			
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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<p>Name of Reporting Carrier: LINCOLN TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: Ken Lumpkin</p>				<p><small>Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@lincel.net,O=lincoln tel co inc,lc= , Date: 5/22/2013</small></p> <p>Date: 5/22/2013</p>	
<p>Printed name of Authorized Officer or employee: Ken Lumpkin</p>					
<p>Title or position of Authorized Officer or employee: General Manager / Secretary / Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 406-362-4216</p>					
Study Area Code of Reporting Carrier	482244		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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier 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 ext.			
Study Area Code of Reporting Carrier	482246	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: NEMONT TEL COOP-MT</p>					
<p>Signature of Authorized Officer or employee: Remi Sun</p>				<p>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</p>	
<p>Date: 5/28/2013</p>					
<p>Printed name of Authorized Officer or employee: Remi Sun</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 406-783-2358</p>					
Study Area Code of Reporting Carrier	482247		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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier 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
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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PROJECT TEL CO</p>					
<p>Signature of Authorized Officer or employee: Remi Sun</p>				<p>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</p>	
<p>Date: 5/28/2013</p>					
<p>Printed name of Authorized Officer or employee: Remi Sun</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 406-783-2358</p>					
Study Area Code of Reporting Carrier	482250		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: RANGE TEL COOP-MT</p>					
<p>Signature of Authorized Officer or employee: Erick Steinman</p>				<p>Digitally signed by Erick Steinman DN:cn=Erick Steinman,email=erick@rangetel.coop,O=range tel coop-mt,l= , Date:5/28/2013</p>	
<p>Date: 5/28/2013</p>					
<p>Printed name of Authorized Officer or employee: Erick Steinman</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 406-347-2226</p>					
Study Area Code of Reporting Carrier	482251		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: SOUTHERN MONTANA TEL					
Signature of Authorized Officer or employee: Larry Mason <div> <small>Digitally signed by Larry Mason DN:cn=Larry Mason,email=LMason@SMTel.com,O=southern montana tel,l=Wisdom MT 59761, Date:5/20/2013</small> </div>				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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: 3-RIVERS TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Bradley Veis</p>				<p>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</p>	
<p>Date: 5/21/2013</p>					
<p>Printed name of Authorized Officer or employee: Bradley Veis</p>					
<p>Title or position of Authorized Officer or employee: Director of Finance/CFO</p>					
<p>Telephone number of Authorized Officer or employee: 406-467-4405</p>					
Study Area Code of Reporting Carrier	482255		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: TRIANGLE TEL COOP					
Signature of Authorized Officer or employee: Richard Stevens <small>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</small>				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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier 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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: CENTRAL MONTANA</p>					
<p>Signature of Authorized Officer or employee: Richard Stevens</p>				<p>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</p>	
<p>Date: 5/21/2013</p>					
<p>Printed name of Authorized Officer or employee: Richard Stevens</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 406-394-2000</p>					
Study Area Code of Reporting Carrier	483310		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: MESCALERO APACHE					
Signature of Authorized Officer or employee: Godfrey Enjady <small>Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache,l=Mescalero NM 88340, Date:5/23/2013</small>				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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: DELL TEL CO-OP - NM</p>					
<p>Signature of Authorized Officer or employee: Marcy Guillen</p>				<p>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delcity.com,O=del tel co-op - nm,l= , Date:5/21/2013</p>	
<p>Date: 5/21/2013</p>					
<p>Printed name of Authorized Officer or employee: Marcy Guillen</p>					
<p>Title or position of Authorized Officer or employee: Office Manager</p>					
<p>Telephone number of Authorized Officer or employee: 915-964-2352</p>					
Study Area Code of Reporting Carrier	492066		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>					

492176

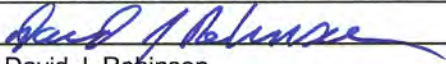
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier <u>Valley Telephone Coop Inc. NM</u>			
Signature of authorized officer <u>[Signature]</u>		Date <u>5-21-13</u>	
Printed name of authorized officer <u>Steven Metts</u>			
Title or position of authorized officer <u>CEO / General Manager</u>			
Telephone number of authorized officer: <u>505-341-2231</u> ext. <u>9001</u>			
Study Area Code of Reporting Carrier <u>492176</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.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

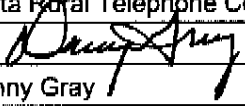
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BACA VALLEY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Peggy Briesh</p>				<p>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</p>	
<p>Date: 5/22/2013</p>					
<p>Printed name of Authorized Officer or employee: Peggy Briesh</p>					
<p>Title or position of Authorized Officer or employee: Assistant Manager</p>					
<p>Telephone number of Authorized Officer or employee: 575-278-2101</p>					
Study Area Code of Reporting Carrier	492259		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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier 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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier La Jicarita Rural Telephone Cooperative			
Signature of authorized officer 		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
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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier 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, ext.			
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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: Tularosa Basin Tel.</p>					
<p>Signature of Authorized Officer or employee: Lance Tade</p>				<p><small>Digitally signed by Lance Tade DN:cn=Lance Tade,email=ltade@tbt.net,O=tularosa basin tel.,l=Tularosa NM 88352-0550, Date: 5/28/2013</small></p> <p>Date: 5/28/2013</p>	
<p>Printed name of Authorized Officer or employee: Lance Tade</p>					
<p>Title or position of Authorized Officer or employee: Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 575-585-9800</p>					
<p>Study Area Code of Reporting Carrier</p>	492265		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: WESTERN NEW MEXICO</p>					
<p>Signature of Authorized Officer or employee: John Francis</p>				<p>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</p>	
<p>Date: 5/21/2013</p>					
<p>Printed name of Authorized Officer or employee: John Francis</p>					
<p>Title or position of Authorized Officer or employee: Exec. Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 575-535-2230</p>					
Study Area Code of Reporting Carrier	492268		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PENASCO VALLEY TEL</p>					
<p>Signature of Authorized Officer or employee: Kevin Bartley</p>				<p><small>Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel,l= , Date:5/22/2013</small></p> <p>Date: 5/22/2013</p>	
<p>Printed name of Authorized Officer or employee: Kevin Bartley</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 575-748-1241</p>					
Study Area Code of Reporting Carrier	492270		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: ROOSEVELT CNTY RURAL</p>					
<p>Signature of Authorized Officer or employee: Cecile Archibeque</p>				<p>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</p>	
<p>Date: 5/22/2013</p>					
<p>Printed name of Authorized Officer or employee: Cecile Archibeque</p>					
<p>Title or position of Authorized Officer or employee: Interim General Manager/EO</p>					
<p>Telephone number of Authorized Officer or employee: 575-226-2255</p>					
Study Area Code of Reporting Carrier	492272		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: SACRED WIND</p>					
<p>Signature of Authorized Officer or employee: John Badal</p>				<p><small>Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind,l= , Date:5/21/2013</small></p> <p>Date: 5/21/2013</p>	
<p>Printed name of Authorized Officer or employee: John Badal</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 505-821-5080</p>					
<p>Study Area Code of Reporting Carrier</p>	493403		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: DIRECTCOMM-CEDAR VAL</p>					
<p>Signature of Authorized Officer or employee: Kip Wilson</p>				<p><small>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</small></p> <p>Date: 5/22/2013</p>	
<p>Printed name of Authorized Officer or employee: Kip Wilson</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 208-548-2345</p>					
<p>Study Area Code of Reporting Carrier</p>	500758		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: CENTRAL UTAH TEL INC					
Signature of Authorized Officer or employee: Mike Plows				<small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc,lc=, Date:5/28/2013</small> 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	
<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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier 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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Manti Telephone Company				
Paul M Cox			05-28-13	
Paul M Cox				
President				
(435) 835-3391				
502282		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: SKYLINE TELECOM</p>					
<p>Signature of Authorized Officer or employee: Mike Plows</p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,lc= , Date: 5/28/2013</p>	
<p>Date: 5/28/2013</p>					
<p>Printed name of Authorized Officer or employee: Mike Plows</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 425-275-1013</p>					
<p>Study Area Code of Reporting Carrier</p>	502283		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BEEHIVE TEL CO - UT</p>					
<p>Signature of Authorized Officer or employee: Wayne McCulley</p>				<p><small>Digitally signed by Wayne McCulley DN:cn=Wayne McCulley,email=waynem@beehive.net,O=beehive tel co - ut,l= , Date:5/28/2013</small></p> <p>Date: 5/28/2013</p>	
<p>Printed name of Authorized Officer or employee: Wayne McCulley</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 801-250-6639</p>					
<p>Study Area Code of Reporting Carrier</p>	502284		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				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		
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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: UBTA-UBET/STRATA					
Signature of Authorized Officer or employee: Karl Searle <small>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</small>				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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: ALL WEST COMM-UT</p>					
<p>Signature of Authorized Officer or employee: Jenny Prescott</p>				<p><small>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</small></p> <p>Date: 5/22/2013</p>	
<p>Printed name of Authorized Officer or employee: Jenny Prescott</p>					
<p>Title or position of Authorized Officer or employee: VP Customer Service & Finance</p>					
<p>Telephone number of Authorized Officer or employee: 435-783-4913</p>					
<p>Study Area Code of Reporting Carrier</p>	502288		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BEAR LAKE COMM</p>					
<p>Signature of Authorized Officer or employee: Mike Plows</p>				<p><small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm,l= , Date:5/28/2013</small></p> <p>Date: 5/28/2013</p>	
<p>Printed name of Authorized Officer or employee: Mike Plows</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 425-275-1013</p>					
<p>Study Area Code of Reporting Carrier</p>	503032		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: RANGE TEL COOP - WY</p>					
<p>Signature of Authorized Officer or employee: Erick Steinman</p>				<p>Digitally signed by Erick Steinman DN:cn=Erick Steinman,email=erick@rangetel.coop,O=range tel coop - wy,l= , Date:5/28/2013</p>	
<p>Date: 5/28/2013</p>					
<p>Printed name of Authorized Officer or employee: Erick Steinman</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 406-347-2226</p>					
Study Area Code of Reporting Carrier	512251		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>					

512289

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

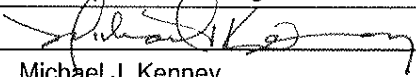
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Chugwater Telephone Company	
Signature of authorized officer		Greg Cashner		Date 5/29/13	
Printed name of authorized officer		GREG CASHNER			
Title or position of authorized officer		Secretary Treasurer			
Telephone number of authorized officer		307-422-3535			
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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: ALL WEST COMM.-WY</p>					
<p>Signature of Authorized Officer or employee: Jenny Prescott</p>				<p>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</p>	
<p>Date: 5/22/2013</p>					
<p>Printed name of Authorized Officer or employee: Jenny Prescott</p>					
<p>Title or position of Authorized Officer or employee: VP Customer Service & Finance</p>					
<p>Telephone number of Authorized Officer or employee: 435-783-4913</p>					
Study Area Code of Reporting Carrier	512290		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 Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier 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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: SILVER STAR TEL-WY</p>					
<p>Signature of Authorized Officer or employee: Jefferson England</p>				<p>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</p>	
<p>Date: 5/28/2013</p>					
<p>Printed name of Authorized Officer or employee: Jefferson England</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 307-883-6675</p>					
Study Area Code of Reporting Carrier	512295		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: WESTGATE dba WEAVTEL</p>					
<p>Signature of Authorized Officer or employee: Richard Weaver</p>				<p><small>Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate dba weavtel, =Chelan WA 98816, Date:5/21/2013</small></p> <p>Date: 5/21/2013</p>	
<p>Printed name of Authorized Officer or employee: Richard Weaver</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 509-682-5556</p>					
<p>Study Area Code of Reporting Carrier</p>	520580		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: SKYLINE TELECOM CO.</p>					
<p>Signature of Authorized Officer or employee: Delinda Kluser</p>				<p>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</p>	
<p>Date: 5/23/2013</p>					
<p>Printed name of Authorized Officer or employee: Delinda Kluser</p>					
<p>Title or position of Authorized Officer or employee: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-932-4411</p>					
Study Area Code of Reporting Carrier	520581		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>					

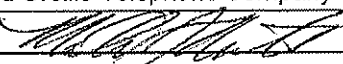
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Hat Island 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		522417	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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier 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. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

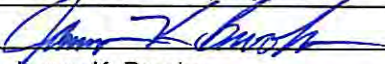
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
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			
Study Area Code of Reporting Carrier 522423		Filing Due Date for this form (mm/dd/yyyy) 6/17/2013	
<p style="text-align: center;">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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: KALAMA TEL CO					
Signature of Authorized Officer or employee: Rick Vitzthum <small>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</small>				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	
<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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				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		522432	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PIONEER TEL CO</p>					
<p>Signature of Authorized Officer or employee: Dallas Filan</p>				<p>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</p>	
<p>Date: 5/28/2013</p>					
<p>Printed name of Authorized Officer or employee: Dallas Filan</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 509-549-3511</p>					
Study Area Code of Reporting Carrier	522437		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: ST JOHN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Gregory Morasch</p>				<p><small>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</small></p> <p>Date: 5/21/2013</p>	
<p>Printed name of Authorized Officer or employee: Gregory Morasch</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 509-648-3322</p>					
<p>Study Area Code of Reporting Carrier</p>	522442		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: TENINO TELEPHONE CO</p>					
<p>Signature of Authorized Officer or employee: Rick Vitzthum</p>				<p>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</p>	
<p>Date: 5/21/2013</p>					
<p>Printed name of Authorized Officer or employee: Rick Vitzthum</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 360-264-3155</p>					
Study Area Code of Reporting Carrier	522446		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>					

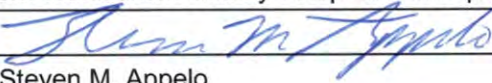
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: TOLEDO TELEPHONE CO					
Signature of Authorized Officer or employee: Philip Cappalonga <small>Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co,l= , Date:5/22/2013</small>				Date: 5/22/2013	
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	
<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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Western Wahkiakum County Telephone Company	
Signature of authorized officer				Date	5/22/13
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	

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 Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier Whidbey 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	522452	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: BEAVER CREEK COOP					
Signature of Authorized Officer or employee: Paul Hauer <small>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</small>				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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: CANBY TEL ASSN</p>					
<p>Signature of Authorized Officer or employee: Keith Galitz</p>				<p><small>Digitally signed by Keith Galitz DN:cn=Keith Galitz,email=kgalitz@canbytel.com,O=canby tel assn,l=Canby OR 97013-0880, Date:5/22/2013</small></p> <p>Date: 5/22/2013</p>	
<p>Printed name of Authorized Officer or employee: Keith Galitz</p>					
<p>Title or position of Authorized Officer or employee: President/GM</p>					
<p>Telephone number of Authorized Officer or employee: 503-266-8200</p>					
<p>Study Area Code of Reporting Carrier</p>	532362		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: CLEAR CREEK MUTUAL</p>					
<p>Signature of Authorized Officer or employee: Mitchell Moore</p>				<p><small>Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual,j= , Date:5/28/2013</small></p> <p>Date: 5/28/2013</p>	
<p>Printed name of Authorized Officer or employee: Mitchell Moore</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 503-631-2101</p>					
<p>Study Area Code of Reporting Carrier</p>	532363		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: COLTON TEL CO</p>					
<p>Signature of Authorized Officer or employee: Stephanie Sauvageau</p>				<p>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</p>	
<p>Date: 5/28/2013</p>					
<p>Printed name of Authorized Officer or employee: Stephanie Sauvageau</p>					
<p>Title or position of Authorized Officer or employee: Accounting Assistant</p>					
<p>Telephone number of Authorized Officer or employee: 503-824-5863</p>					
Study Area Code of Reporting Carrier	532364		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: EAGLE TEL SYSTEMS</p>					
<p>Signature of Authorized Officer or employee: Mike Lattin</p>				<p>Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle tel systems,l=Richland OR 97870, Date:5/28/2013</p>	
<p>Date: 5/28/2013</p>					
<p>Printed name of Authorized Officer or employee: Mike Lattin</p>					
<p>Title or position of Authorized Officer or employee: Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-893-6111</p>					
Study Area Code of Reporting Carrier	532369		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: CASCADE UTIL INC					
Signature of Authorized Officer or employee: Brooke Wheeler				<small>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</small> 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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: GERVAIS TELEPHONE CO</p>					
<p>Signature of Authorized Officer or employee: John Hoffmann</p>				<p>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</p>	
<p>Date: 5/28/2013</p>					
<p>Printed name of Authorized Officer or employee: John Hoffmann</p>					
<p>Title or position of Authorized Officer or employee: President/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 503-792-3611</p>					
Study Area Code of Reporting Carrier	532373		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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **ROOME TELECOMMUNICATIONS INC**Signature of authorized officer 

Date

5-21-13Printed name of authorized officer **RANDAL L ROOME**Title or position of authorized officer **PRESIDENT**Telephone number of authorized officer **(541) 369-2211**

Study Area Code of Reporting Carrier

532375Filing 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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: HELIX TEL CO.					
Signature of Authorized Officer or employee: James Smith <small>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</small>				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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: TRANS-CASCADES TEL					
Signature of Authorized Officer or employee: Brooke Wheeler <div> <small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades tel,l=Estacada OR 97023, Date:5/28/2013</small> </div>				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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MOLALLA TEL CO.</p>					
<p>Signature of Authorized Officer or employee: Steve Loutzenhiser</p>				<p>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</p>	
<p>Date: 5/21/2013</p>					
<p>Printed name of Authorized Officer or employee: Steve Loutzenhiser</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 503-829-1123</p>					
Study Area Code of Reporting Carrier	532383		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: MONITOR COOP TEL					
Signature of Authorized Officer or employee: Geri Fraijo				<small>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor coop tel,lc=US, Date: 5/20/2013</small> 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	
<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>					

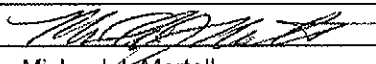
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier 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		
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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier 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
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 Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: NORTH STATE TEL CO.					
Signature of Authorized Officer or employee: Delinda Kluser <div> <small>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</small> </div>				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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: OREGON TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Delinda Kluser</p>				<p>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</p>	
<p>Date: 5/23/2013</p>					
<p>Printed name of Authorized Officer or employee: Delinda Kluser</p>					
<p>Title or position of Authorized Officer or employee: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-932-4411</p>					
Study Area Code of Reporting Carrier	532389		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: OREGON-IDAHO UTIL.</p>					
<p>Signature of Authorized Officer or employee: Alison Beck</p>				<p>Digitally signed by Alison Beck DN:cn=Alison Beck,email=abeck@or-id.com,O=oregon-idaho util.,l= , Date:5/24/2013</p>	
<p>Date: 5/24/2013</p>					
<p>Printed name of Authorized Officer or employee: Alison Beck</p>					
<p>Title or position of Authorized Officer or employee: Manager - Regulatory & External Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 510-338-4622</p>					
Study Area Code of Reporting Carrier	532390		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PEOPLES TEL CO. - OR</p>					
<p>Signature of Authorized Officer or employee: Don Lawrence</p>				<p><small>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</small></p> <p>Date: 5/23/2013</p>	
<p>Printed name of Authorized Officer or employee: Don Lawrence</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 503-769-9057</p>					
<p>Study Area Code of Reporting Carrier</p>	532391		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PINE TEL SYSTEM INC.</p>					
<p>Signature of Authorized Officer or employee: Ron Milford</p>				<p>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</p>	
<p>Date: 5/24/2013</p>					
<p>Printed name of Authorized Officer or employee: Ron Milford</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 541-742-2201</p>					
Study Area Code of Reporting Carrier	532392		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: PIONEER TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Michael Whalen</p>				<p>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</p>	
<p>Date: 5/23/2013</p>					
<p>Printed name of Authorized Officer or employee: Michael Whalen</p>					
<p>Title or position of Authorized Officer or employee: Assistant Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 541-929-8256</p>					
Study Area Code of Reporting Carrier	532393		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: ST PAUL COOP ASSN</p>					
<p>Signature of Authorized Officer or employee: Nick Schneider</p>				<p><small>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</small></p> <p>Date: 5/24/2013</p>	
<p>Printed name of Authorized Officer or employee: Nick Schneider</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 503-633-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	532396		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: SCIO MUTUAL TEL ASSN					
Signature of Authorized Officer or employee: Thomas Barth <div style="font-size: small; color: blue;"> Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tbarth@smt-net.com,O=scio mutual tel assn, Date:5/28/2013 </div>				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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: STAYTON COOP TEL CO</p>					
<p>Signature of Authorized Officer or employee: Don Lawrence</p>				<p><small>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</small></p> <p>Date: 5/23/2013</p>	
<p>Printed name of Authorized Officer or employee: Don Lawrence</p>					
<p>Title or position of Authorized Officer or employee: President</p>					
<p>Telephone number of Authorized Officer or employee: 503-769-9057</p>					
<p>Study Area Code of Reporting Carrier</p>	532399		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: OREGON TEL CORP-MTE</p>					
<p>Signature of Authorized Officer or employee: Delinda Kluser</p>				<p><small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte, Mt. Vernon OR 97865-0609, Date:5/23/2013</small></p> <p>Date: 5/23/2013</p>	
<p>Printed name of Authorized Officer or employee: Delinda Kluser</p>					
<p>Title or position of Authorized Officer or employee: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-932-4411</p>					
<p>Study Area Code of Reporting Carrier</p>	533336		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: CAL-ORE TELEPHONE CO</p>					
<p>Signature of Authorized Officer or employee: Waihun Yee</p>				<p><small>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</small></p> <p>Date: 5/22/2013</p>	
<p>Printed name of Authorized Officer or employee: Waihun Yee</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 530-397-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	542311		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: DUCOR TELEPHONE CO</p>					
<p>Signature of Authorized Officer or employee: Eric Wolfe</p>				<p><small>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</small></p> <p>Date: 5/28/2013</p>	
<p>Printed name of Authorized Officer or employee: Eric Wolfe</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 661-834-7700</p>					
<p>Study Area Code of Reporting Carrier</p>	542313		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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

<p>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</p>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).</p>			
<p>Name of Reporting Carrier Foresthill Telephone Co. (dba Sebastian)</p>			
<p>Signature of authorized officer <i>Rhonda Armstrong</i></p>		<p>Date 5/23/13</p>	
<p>Printed name of authorized officer Rhonda Armstrong</p>			
<p>Title or position of authorized officer Vice President Commercial Operations</p>			
<p>Telephone number of authorized officer: (530) 367-7780</p>			
<p>Study Area Code of Reporting Carrier 542318</p>		<p>Filing Due Date for this form (mm/dd/yyyy) 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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier <u>Kemran Telephone Co. (dba Sebastian)</u>			
Signature of authorized officer <u>Rhonda Armstrong</u>		Date <u>5/23/13</u>	
Printed name of authorized officer <u>Rhonda Armstrong</u>			
Title or position of authorized officer <u>Vice President Commercial Operations</u>			
Telephone number of authorized officer: <u>(530) 367-7780</u>			
Study Area Code of Reporting Carrier	<u>542324</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.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier 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			
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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Sierra Telephone Company, Inc.			
Signature of authorized officer <i>Cindy A. Huber</i>		Date	<i>May 24, 2013</i>
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
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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier 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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: VOLCANO TEL CO					
Signature of Authorized Officer or employee: Earl Bishop <div> <small>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</small> </div>				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	
<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>					

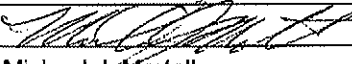
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: PINNACLES TEL CO					
Signature of Authorized Officer or employee: Steven Bryan <small>Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co,l= , Date:5/21/2013</small>				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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: FILER MUTUAL TEL -NV</p>					
<p>Signature of Authorized Officer or employee: Steve Cowger</p>				<p>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</p>	
<p>Date: 5/24/2013</p>					
<p>Printed name of Authorized Officer or employee: Steve Cowger</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 208-326-4339</p>					
Study Area Code of Reporting Carrier	552220		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 Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).</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			
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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BEEHIVE TEL CO - NV</p>					
<p>Signature of Authorized Officer or employee: Wayne McCulley</p>				<p><small>Digitally signed by Wayne McCulley DN:cn=Wayne McCulley,email=waynem@beehive.net,O=beehive tel co - nv, Date:5/28/2013</small></p> <p>Date: 5/28/2013</p>	
<p>Printed name of Authorized Officer or employee: Wayne McCulley</p>					
<p>Title or position of Authorized Officer or employee: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer or employee: 801-250-6639</p>					
<p>Study Area Code of Reporting Carrier</p>	552284		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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

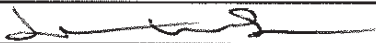
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: CHURCHILL-CC COMM.</p>					
<p>Signature of Authorized Officer or employee: Mark Feest</p>				<p><small>Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@corp.ccomm.net,O=churchill-cc comm.,l=Fallon NV 89407, Date:5/28/2013</small></p> <p>Date: 5/28/2013</p>	
<p>Printed name of Authorized Officer or employee: Mark Feest</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 775-423-7654</p>					
Study Area Code of Reporting Carrier	552349		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: LINCOLN CTY TEL SYS					
Signature of Authorized Officer or employee: John Christian, III <small>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,l=Plöche NV 89043, Date:5/22/2013</small>				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	
<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>					

552353

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier 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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: RIO VIRGIN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Brooke Wheeler</p>				<p><small>Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=río virgin tel co,l=Estacada OR 97023, Date:5/28/2013</small></p> <p>Date: 5/28/2013</p>	
<p>Printed name of Authorized Officer or employee: Brooke Wheeler</p>					
<p>Title or position of Authorized Officer or employee: Controller</p>					
<p>Telephone number of Authorized Officer or employee: 503-630-8952</p>					
<p>Study Area Code of Reporting Carrier</p>	552356		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: HUMBOLDT TEL CO					
Signature of Authorized Officer or employee: Alison Beck <small>Digitally signed by Alison Beck DN:cn=Alison Beck,email=abeck@or-id.com,O=humboldt tel co,l= , Date:5/24/2013</small>				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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: ADAK TEL UTILITY					
Signature of Authorized Officer or employee: Andilea Weaver				<small>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak tel utility,l= , Date:5/28/2013</small> 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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: ARCTIC SLOPE TEL</p>					
<p>Signature of Authorized Officer or employee: Clover McNeil</p>				<p>Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel,l= , Date:5/21/2013</p>	
<p>Date: 5/21/2013</p>					
<p>Printed name of Authorized Officer or employee: Clover McNeil</p>					
<p>Title or position of Authorized Officer or employee: CFO</p>					
<p>Telephone number of Authorized Officer or employee: 907-564-2680</p>					
Study Area Code of Reporting Carrier	613001		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BETTLES TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: Michael Garrett</p>				<p><small>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</small></p> <p>Date: 5/28/2013</p>	
<p>Printed name of Authorized Officer or employee: Michael Garrett</p>					
<p>Title or position of Authorized Officer or employee: COO - Executive VP</p>					
<p>Telephone number of Authorized Officer or employee: 360-385-1733</p>					
Study Area Code of Reporting Carrier	613002		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BRISTOL BAY TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Todd Hoppe</p>				<p><small>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</small></p> <p>Date: 5/28/2013</p>	
<p>Printed name of Authorized Officer or employee: Todd Hoppe</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 907-246-3403</p>					
<p>Study Area Code of Reporting Carrier</p>	613003		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: BUSH-TEL INC.</p>					
<p>Signature of Authorized Officer or employee: W. DeVore</p>				<p><small>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</small></p> <p>Date: 5/28/2013</p>	
<p>Printed name of Authorized Officer or employee: W. DeVore</p>					
<p>Title or position of Authorized Officer or employee: VP/Assist. Gen. Mgr.</p>					
<p>Telephone number of Authorized Officer or employee: 907-675-4311</p>					
Study Area Code of Reporting Carrier	613004		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: CIRCLE TEL & ELEC</p>					
<p>Signature of Authorized Officer or employee: David Masephol</p>				<p><small>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</small></p> <p>Date: 5/23/2013</p>	
<p>Printed name of Authorized Officer or employee: David Masephol</p>					
<p>Title or position of Authorized Officer or employee: Member Owner</p>					
<p>Telephone number of Authorized Officer or employee: 907-773-5500</p>					
Study Area Code of Reporting Carrier	613005		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 Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
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 Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier 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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: INTERIOR TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: Brenda Shepard</p>				<p>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=interior tel co inc,l= , Date:5/28/2013</p>	
<p>Date: 5/28/2013</p>					
<p>Printed name of Authorized Officer or employee: Brenda Shepard</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 907-563-2003</p>					
Study Area Code of Reporting Carrier	613011		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: KETCHIKAN PUBLIC UT					
Signature of Authorized Officer or employee: Dan Lindgren				<small>Digitally signed by Dan Lindgren DN:cn=Dan Lindgren,email=danl@city.ketchikan.ak.us,O=ketchikan public ut, Date: 5/22/2013</small> 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	
<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 Eligibility for CAF/ICC Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MUKLUK TEL CO INC</p>					
<p>Signature of Authorized Officer or employee: Brenda Shepard</p>				<p>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=mukluk tel co inc,l= , Date:5/28/2013</p>	
<p>Date: 5/28/2013</p>					
<p>Printed name of Authorized Officer or employee: Brenda Shepard</p>					
<p>Title or position of Authorized Officer or employee: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer or employee: 907-563-2003</p>					
Study Area Code of Reporting Carrier	613016		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: ALASKA TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Garrett</p>				<small>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</small> <p>Date: 5/28/2013</p>	
<p>Printed name of Authorized Officer or employee: Michael Garrett</p>					
<p>Title or position of Authorized Officer or employee: COO - Executive VP</p>					
<p>Telephone number of Authorized Officer or employee: 360-385-1733</p>					
Study Area Code of Reporting Carrier	613017		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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Nushagak Electric & telephone Cooperative Inc.			
Signature of authorized officer <i>Michael Megli</i>		Date <i>5/23/13</i>	
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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: OTZ TEL COOPERATIVE</p>					
<p>Signature of Authorized Officer or employee: Doug Neal</p>				<p>Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kotzebue AK 99752, Date:5/23/2013</p>	
<p>Date: 5/23/2013</p>					
<p>Printed name of Authorized Officer or employee: Doug Neal</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 907-442-1000</p>					
Study Area Code of Reporting Carrier	613019		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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier 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.			

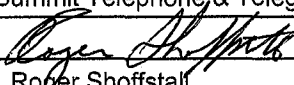
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: YUKON TEL CO INC					
Signature of Authorized Officer or employee: Paula Eller <div> <small>Digitally signed by Paula Eller DN:cn=Paula Eller,email=paula@yukontel.com,O=yukon tel co inc,lc= , Date: 5/28/2013</small> </div>				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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: NORTH COUNTRY TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Garrett</p>				<p><small>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</small></p> <p>Date: 5/28/2013</p>	
<p>Printed name of Authorized Officer or employee: Michael Garrett</p>					
<p>Title or position of Authorized Officer or employee: COO - Executive VP</p>					
<p>Telephone number of Authorized Officer or employee: 360-385-1733</p>					
<p>Study Area Code of Reporting Carrier</p>	613026		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier 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
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.			

623021

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Sandwich Isles Communications, Inc.			
Signature of authorized officer 		Date	5/23/13
Printed name of authorized officer Albert S.N. Hee			
Title or position of authorized officer President			
Telephone number of authorized officer: (808) 524-8400			
Study Area Code of Reporting Carrier	623021	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.			

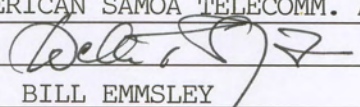
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: TELEGUAM HOLDINGS					
Signature of Authorized Officer or employee: John Brady <small>Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,lf= , Date:5/22/2013</small>				Date: 5/22/2013	
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	
<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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				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 Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
Name of Reporting Carrier See Attachment				
Signature of authorized officer <i>M. 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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	The FairPoint Telephone Companies		
Signature of authorized officer	<i>M. 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 Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier See attached list.

Signature of authorized officer or employee

Kevin G. Hess

Date 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