

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **STONEHAM COOP TEL CO**

Signature of Authorized Officer: **Taya Northrup**

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

Date: **5/21/2013**

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

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

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

Study Area Code of Reporting Carrier

**462206**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">WIGGINS TEL ASSOC</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">April Simmons</span>				<small>Digitally signed by April Simmons DN:cn=April Simmons,email=april@wigginstel.com,O=wiggins tel assoc,l= , Date:5/21/2013</small> Date: <span style="color: blue;">5/21/2013</span>	
Printed name of Authorized Officer: <span style="color: blue;">April Simmons</span>					
Title or position of Authorized Officer: <span style="color: blue;">Office Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">970-483-7343</span>					
Study Area Code of Reporting Carrier	462209		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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

Signature of Authorized Officer: **Carrie Klem**

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

Date: **5/21/2013**

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

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

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

Study Area Code of Reporting Carrier

**462210**

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 THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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

Signature of Authorized Officer: **Rich Redman**

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

Date: **5/22/2013**

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

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

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

Study Area Code of Reporting Carrier

**472213**

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">CAMBRIDGE TEL CO</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Kristie Kanady</span>				<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>	
Date: <span style="color: blue;">5/21/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Kristie Kanady</span>					
Title or position of Authorized Officer: <span style="color: blue;">Billing Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">208-257-3314</span>					
Study Area Code of Reporting Carrier	472215		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

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Name of Reporting Carrier: CUSTER TEL COOP

Signature of Authorized Officer: Clayton Severe

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

Date: 5/21/2013

Printed name of Authorized Officer: Clayton Severe

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 208-879-2281

Study Area Code of Reporting Carrier

472218

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 THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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

Signature of Authorized Officer: **Steve Cowger**

Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -id,1=Filer ID 83328, Date:5/24/2013

Date: **5/24/2013**

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

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

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

Study Area Code of Reporting Carrier

**472220**

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 THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **FARMERS MUTUAL TEL**

Signature of Authorized Officer: **Daniel Greig**

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

Date: **5/21/2013**

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

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

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

Study Area Code of Reporting Carrier

**472221**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Fremont Telcom</b>			
Signature of Authorized Officer 			Date <b>7/31/13</b>
Printed name of Authorized Officer <b>Theodore Otis</b>			
Title or position of Authorized Officer <b>Chief Financial Officer</b>			
Telephone number of Authorized Officer: <b>(406) 541-5228</b> ext.			
Study Area Code of Reporting Carrier	<b>472222</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>August 2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

**TO BE COMPLETED BY THE REPORTING CARRIER,**

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Midvale Telephone-Idaho			
Signature of Authorized Officer: <i>[Signature]</i>			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.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Mud Lake Telephone Cooperative Association, Inc.</b>			
Signature of Authorized Officer 			Date <b>05/20/2013</b>
Printed name of Authorized Officer <b>Greg Shenton</b>			
Title or position of Authorized Officer <b>Vice President</b>			
Telephone number of Authorized Officer: <b>(208) 374-5401 ext.</b>			
Study Area Code of Reporting Carrier	<b>472227</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

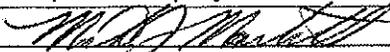
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">PROJECT MUTUAL TEL</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Rick Harder</span>				<small>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel,lc= , Date:5/24/2013</small>	
Date: <span style="color: blue;">5/24/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Rick Harder</span>					
Title or position of Authorized Officer: <span style="color: blue;">CFO/Treasurer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">208-434-7124</span>					
Study Area Code of Reporting Carrier	472231		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">DIRECT COMM-ROCKLAND</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Leonard May</span>				<small>Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland,l=Rockland ID 83271, Date:5/22/2013</small>	
Date: <span style="color: blue;">5/22/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Leonard May</span>					
Title or position of Authorized Officer: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer: <span style="color: blue;">208-548-2345</span>					
Study Area Code of Reporting Carrier	472232		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">SILVER STAR TEL- ID</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jefferson England</span>				<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>	
Date: <span style="color: blue;">5/28/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Jefferson England</span>					
Title or position of Authorized Officer: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer: <span style="color: blue;">307-883-6675</span>					
Study Area Code of Reporting Carrier	472295		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **INLAND TEL-ID**

Signature of Authorized Officer: **James Brooks**

Digitally signed by James Brooks DN:cn=James Brooks,email=jbrooks@inlandnet.com,O=inland tel-id,I=Roslyn WA 98941, Date:5/21/2013

Date: **5/21/2013**

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

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

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

Study Area Code of Reporting Carrier

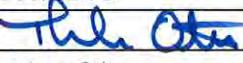
**472423**

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

**6/17/2013**

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TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Blackfoot Tel. BTC</b>			
Signature of Authorized Officer 			Date <b>5/28/13</b>
Printed name of Authorized Officer <b>Theodore Otis</b>			
Title or position of Authorized Officer <b>CFO</b>			
Telephone number of Authorized Officer: <b>(406) 541-5228</b> ext.			
Study Area Code of Reporting Carrier	<b>482235</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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

Signature of Authorized Officer: **Kathe Johnson**

Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe\_ann@yahoo.com,O=hot springs tel co,l=Missoula MT 59808, Date:5/20/2013

Date: **5/20/2013**

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

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

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

Study Area Code of Reporting Carrier

**482241**

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

**6/17/2013**

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TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <i>InterBel Telephone Coop</i>			
Signature of Authorized Officer <i>[Signature]</i>			Date <i>6/3/13</i>
Printed name of Authorized Officer <i>Randy L. Wilson</i>			
Title or position of Authorized Officer <i>CEO General Manager</i>			
Telephone number of Authorized Officer: <i>(404) 889 3311</i> , ext.			
Study Area Code of Reporting Carrier	<i>482242</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/17/2013</i>

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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

Signature of Authorized Officer: **Ken Lumpkin**

Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@linctel.net,O=lincoln tel co inc, , Date:5/22/2013

Date: **5/22/2013**

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

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

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

Study Area Code of Reporting Carrier

**482244**

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Mid-Rivers Telephone Cooperative, Inc.</b>			
Signature of Authorized Officer 			Date <b>5/21/2013</b>
Printed name of Authorized Officer <b>Alan Sevier</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(406) 485-3301</b> ext.			
Study Area Code of Reporting Carrier	<b>482246</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **NEMONT TEL COOP-MT**

Signature of Authorized Officer: **Remi Sun**

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

Date: **5/28/2013**

Printed name of Authorized Officer: **Remi Sun**

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

Telephone number of Authorized Officer: **406-783-2358**

Study Area Code of Reporting Carrier

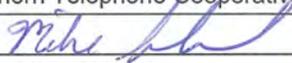
**482247**

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 THE REPORTING CARRIER,**

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier 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 THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: PROJECT TEL CO

Signature of Authorized Officer: Remi Sun

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

Date: 5/28/2013

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 406-783-2358

Study Area Code of Reporting Carrier

482250

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

6/17/2013

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **RANGE TEL COOP-MT**

Signature of Authorized Officer: **Erick Steinman**

Digitally signed by Erick Steinman DN:cn=Erick Steinman,email=erick@rangetel.coop,O=range tel coop-mt,l= , Date:5/28/2013

Date: **5/28/2013**

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

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

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

Study Area Code of Reporting Carrier

**482251**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: SOUTHERN MONTANA TEL

Signature of Authorized Officer: Larry Mason

Digitally signed by Larry Mason DN:cn=Larry Mason,email=L.Mason@SMTel.com,O=southern montana tel,l=Wisdom MT 59761, Date:5/20/2013

Date: 5/20/2013

Printed name of Authorized Officer: Larry Mason

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

Telephone number of Authorized Officer: 406-689-3333

Study Area Code of Reporting Carrier

482254

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.

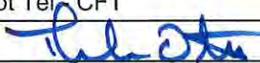
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">3-RIVERS TEL COOP</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Bradley Veis</span>				<small>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</small> Date: <span style="color: blue;">5/21/2013</span>	
Printed name of Authorized Officer: <span style="color: blue;">Bradley Veis</span>					
Title or position of Authorized Officer: <span style="color: blue;">Director of Finance/CFO</span>					
Telephone number of Authorized Officer: <span style="color: blue;">406-467-4405</span>					
Study Area Code of Reporting Carrier	482255		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">TRIANGLE TEL COOP</span>					
Signature of Authorized Officer: <span style="color: blue;">Richard Stevens</span>				<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: <span style="color: blue;">5/21/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Richard Stevens</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">406-394-2000</span>					
Study Area Code of Reporting Carrier	482257		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Blackfoot Tel, CFT</b>			
Signature of Authorized Officer 			Date <b>5/28/13</b>
Printed name of Authorized Officer <b>Theodore Otis</b>			
Title or position of Authorized Officer <b>CFO</b>			
Telephone number of Authorized Officer: <b>(406) 541-5228</b> ext.			
Study Area Code of Reporting Carrier	<b>483308</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">CENTRAL MONTANA</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Richard Stevens</span>				<small>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</small> Date: <span style="color: blue;">5/21/2013</span>	
Printed name of Authorized Officer: <span style="color: blue;">Richard Stevens</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">406-394-2000</span>					
Study Area Code of Reporting Carrier	483310		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">MESCALERO APACHE</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold; font-size: 1.2em;">Godfrey Enjady</span>				<small>Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache,I=Mescalero NM 88340, Date:5/23/2013</small>	
Date: <span style="color: blue;">5/23/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Godfrey Enjady</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">505-795-5555</span>					
Study Area Code of Reporting Carrier	491231		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **DELL TEL CO-OP - NM**

Signature of Authorized Officer: **Marcy Guillen**

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

Date: **5/21/2013**

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

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

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

Study Area Code of Reporting Carrier

**492066**

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

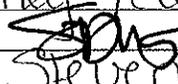
**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				Valley Telephone Corp - NM					
Signature of Authorized Officer						Date		5-21-13	
Printed name of Authorized Officer				Steven Metts					
Title or position of Authorized Officer				CEO / General Manager					
Telephone number of Authorized Officer:				520.381-2231 ext. 9001					
Study Area Code of Reporting Carrier		492176		Filing Due Date for this form (mm/dd/yyyy)		6/17/2013			
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>									

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BACA VALLEY TEL CO**

Signature of Authorized Officer: **Peggy Briesh**

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

Date: **5/22/2013**

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

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

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

Study Area Code of Reporting Carrier

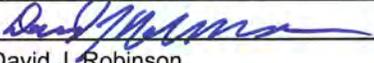
**492259**

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

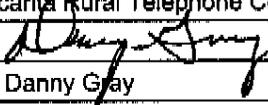
**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
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 ext.			
Study Area Code of Reporting Carrier	492262	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 THE REPORTING CARRIER.**

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
<b>Name of Reporting Carrier</b> La Jicarita Rural Telephone Cooperative			
<b>Signature of Authorized Officer</b> 			<b>Date</b> 05/23/2013
<b>Printed name of Authorized Officer</b> Danny Gray			
<b>Title or position of Authorized Officer</b> General Manager			
<b>Telephone number of Authorized Officer:</b> (575) 387-2216 ext.			
<b>Study Area Code of Reporting Carrier</b>	492263	<b>Filing Due Date for this form (mm/dd/yyyy)</b>	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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Leaco Rural Telephone Cooperative, Inc.</b>			
Signature of Authorized Officer <i>Dale Snider</i>			Date <b>5/22/2013</b>
Printed name of Authorized Officer <b>Dale Snider</b>			
Title or position of Authorized Officer <b>Chief Financial Officer</b>			
Telephone number of Authorized Officer: <b>(575) 370-5010</b> ext.			
Study Area Code of Reporting Carrier	<b>492264</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: Tularosa Basin Tel.

Signature of Authorized Officer: Lance Tade

Digitally signed by Lance Tade DN:cn=Lance Tade,email=ltade@tbtc.net,O=tularosa basin tel.,l=Tularosa NM 88352-0550, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer: Lance Tade

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

Telephone number of Authorized Officer: 575-585-9800

Study Area Code of Reporting Carrier

492265

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

6/17/2013

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WESTERN NEW MEXICO**

Signature of Authorized Officer: **John Francis**

Digitally signed by John Francis DN:cn=John Francis,email=jfrancis@wnmt.com,O=western new mexico,l=Silver City NM 88061, Date:5/21/2013

Date: **5/21/2013**

Printed name of Authorized Officer: **John Francis**

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

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

Study Area Code of Reporting Carrier

**492268**

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 THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PENASCO VALLEY TEL**

Signature of Authorized Officer: **Kevin Bartley**

Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel, Date:5/22/2013

Date: **5/22/2013**

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

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

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

Study Area Code of Reporting Carrier

**492270**

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">ROOSEVELT CNTY RURAL</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Cecile Archibeque</span>				Digitally signed by Cecile Archibeque DN:cn=Cecile Archibeque,email=cecile@yuccatelecom.com,O=roosevelt cnty rural,l=Portales NM 88130-0867, Date:5/22/2013	
Date: <span style="color: blue;">5/22/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Cecile Archibeque</span>					
Title or position of Authorized Officer: <span style="color: blue;">Interim General Manager/EO</span>					
Telephone number of Authorized Officer: <span style="color: blue;">575-226-2255</span>					
Study Area Code of Reporting Carrier	492272		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">SACRED WIND</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Badal</span>				<small>Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind,l= , Date:5/21/2013</small> Date: <span style="color: blue;">5/21/2013</span>	
Printed name of Authorized Officer: <span style="color: blue;">John Badal</span>					
Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">505-821-5080</span>					
Study Area Code of Reporting Carrier	493403		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **DIRECTCOMM-CEDAR VAL**

Signature of Authorized Officer: **Kip Wilson**

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

Date: **5/22/2013**

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

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

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

Study Area Code of Reporting Carrier

**500758**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CENTRAL UTAH TEL INC**

Signature of Authorized Officer: **Mike Plows**

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

Date: **5/28/2013**

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

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

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

Study Area Code of Reporting Carrier

**502277**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <b>Gunnison Telephone Company</b>			
Signature of Authorized Officer <i>Kent B. Sanders</i>			Date <b>May 20, 2013</b>
Printed name of Authorized Officer <b>Kent B. Sanders</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(435) 528-7236</b> ext.			
Study Area Code of Reporting Carrier	<b>502279</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <b>Manti Telephone Company</b>			
Signature of Authorized Officer <i>Paul M Cox</i>		Date <b>05/28/2013</b>	
Printed name of Authorized Officer <b>Paul M Cox</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(435) 835-3391</b> ext.			
Study Area Code of Reporting Carrier	<b>502282</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SKYLINE TELECOM**

Signature of Authorized Officer: **Mike Plows**

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

Date: **5/28/2013**

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

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

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

Study Area Code of Reporting Carrier

**502283**

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

**6/17/2013**

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

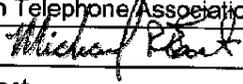
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">BEEHIVE TEL CO - UT</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Wayne McCulley</span>				Digitally signed by Wayne McCulley DN:cn=Wayne McCulley,email=waynem@beehive.net,O=beehive tel co - ut,l= , Date:5/28/2013	
Date: <span style="color: blue;">5/28/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Wayne McCulley</span>					
Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">801-250-6639</span>					
Study Area Code of Reporting Carrier	502284		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				South Central Utah Telephone Association, Inc	
Signature of Authorized Officer					
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 THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **UBTA-UBET/STRATA**

Signature of Authorized Officer: **Karl Searle**

Digitally signed by Karl Searle DN:cn=Karl Searle,email=ksearle@stratanetworks.com,O=ubta-ubet/s trata,l=Roosevelt UT 84066, Date:5/28/2013

Date: **5/28/2013**

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

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

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

Study Area Code of Reporting Carrier

**502287**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">ALL WEST COMM-UT</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jenny Prescott</span>				Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/22/2013	
Date: <span style="color: blue;">5/22/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Jenny Prescott</span>					
Title or position of Authorized Officer: <span style="color: blue;">VP Customer Service &amp; Finance</span>					
Telephone number of Authorized Officer: <span style="color: blue;">435-783-4913</span>					
Study Area Code of Reporting Carrier	502288		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BEAR LAKE COMM**

Signature of Authorized Officer: **Mike Plows**

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

Date: **5/28/2013**

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

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

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

Study Area Code of Reporting Carrier

**503032**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: RANGE TEL COOP - WY

Signature of Authorized Officer: Erick Steinman

Digitally signed by Erick Steinman DN:cn=Erick Steinman,email=erick@rangetel.coop,O=range tel coop - wy,l= , Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer: Erick Steinman

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 406-347-2226

Study Area Code of Reporting Carrier

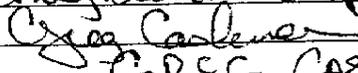
512251

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier	Chugwater Telephone Company		
Signature of Authorized Officer		Date	5/29/13
Printed name of Authorized Officer	GREG CASHNER		
Title or position of Authorized Officer	Secretary Treasurer		
Telephone number of Authorized Officer	207 422-3535		
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(c), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: ALL WEST COMM.-WY

Signature of Authorized Officer: Jenny Prescott

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

Date: 5/22/2013

Printed name of Authorized Officer: Jenny Prescott

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

Telephone number of Authorized Officer: 435-783-4913

Study Area Code of Reporting Carrier

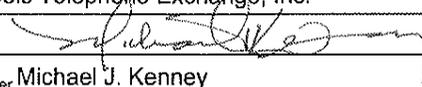
512290

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 THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Dubois Telephone Exchange, Inc.</b>			
Signature of Authorized Officer 			Date <b>5/23/17</b>
Printed name of Authorized Officer <b>Michael J. Kenney</b>			
Title or position of Authorized Officer <b>Vice President/General Manager</b>			
Telephone number of Authorized Officer: <b>(307) 455-2341</b> ext.			
Study Area Code of Reporting Carrier	<b>512291</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">SILVER STAR TEL-WY</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Jefferson England</span>				Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel-wy,l=Freedom WY 83120, Date:5/28/2013	
Date: <span style="color: blue;">5/28/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Jefferson England</span>					
Title or position of Authorized Officer: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer: <span style="color: blue;">307-883-6675</span>					
Study Area Code of Reporting Carrier	512295		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **WESTGATE dba WEA/TEL**

Signature of Authorized Officer: **Richard Weaver**

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

Date: **5/21/2013**

Printed name of Authorized Officer: **Richard Weaver**

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

Telephone number of Authorized Officer: **509-682-5556**

Study Area Code of Reporting Carrier

**520580**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **SKYLINE TELECOM CO.**

Signature of Authorized Officer: **Delinda Kluser**

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

Date: **5/23/2013**

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

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

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

Study Area Code of Reporting Carrier

**520581**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

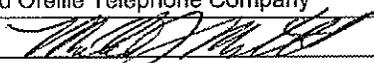
**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier Hat Island Telephone Company			
Signature of Authorized Officer <i>Bruce Russell</i>	Date 5-28-2013		
Printed name of Authorized Officer Bruce Russell			
Title or position of Authorized Officer COO			
Telephone number of Authorized Officer: (360) 321-0086 ext.			
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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Pend Oreille Telephone Company</b>			
Signature of Authorized Officer 			Date <b>05/23/2013</b>
Printed name of Authorized Officer <b>Michael J. Martell</b>			
Title or position of Authorized Officer <b>Vice President</b>			
Telephone number of Authorized Officer: <b>(208) 366-2614</b> ext.			
Study Area Code of Reporting Carrier	<b>522418</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <b>Hood Canal Telephone Co., Inc.</b>			
Signature of Authorized Officer <i>Richard Buechel</i>		Date <b>5/23/13</b>	
Printed name of Authorized Officer <b>Richard Buechel</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(360) 898-2481</b> , ext.			
Study Area Code of Reporting Carrier	<b>522419</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

**TO BE COMPLETED BY THE REPORTING CARRIER,**

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Inland Telephone Company - WA</b>			
Signature of Authorized Officer 			Date <b>June 3, 2013</b>
Printed name of Authorized Officer <b>James K. Brooks</b>			
Title or position of Authorized Officer <b>Treasurer/Controller</b>			
Telephone number of Authorized Officer: <b>(509) 649-2211, ext.</b>			
Study Area Code of Reporting Carrier	<b>522423</b>	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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

Signature of Authorized Officer: **Rick Vitzthum**

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

Date: **5/21/2013**

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

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

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

Study Area Code of Reporting Carrier

**522426**

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

**6/17/2013**

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

**TO BE COMPLETED BY THE REPORTING CARRIER,**

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: <b>Mashell Telecom, Inc.</b>			
Signature of Authorized Officer: 			Date: <b>5/22/2013</b>
Printed name of Authorized Officer: <b>Brian Haynes</b>			
Title or position of Authorized Officer: <b>President/CEO</b>			
Telephone number of Authorized Officer: <b>3608326161</b> , ext.			
Study Area Code of Reporting Carrier: <b>522431</b>	Filing Due Date for this form (mm/dd/yyyy): <b>6/17/2013</b>		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: PIONEER TEL CO

Signature of Authorized Officer: Dallas Filan

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

Date: 5/28/2013

Printed name of Authorized Officer: Dallas Filan

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 509-549-3511

Study Area Code of Reporting Carrier

522437

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

6/17/2013

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">ST JOHN TEL CO</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Gregory Morasch</span>				Digitally signed by Gregory Morasch DN:cn=Gregory Morasch,email=gmorasch@stjohncable.com,O=st john tel co,l=St. John WA 99171, Date:5/21/2013	
Date: <span style="color: blue;">5/21/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Gregory Morasch</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">509-648-3322</span>					
Study Area Code of Reporting Carrier	522442		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **TENINO TELEPHONE CO**

Signature of Authorized Officer: **Rick Vitzthum**

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

Date: **5/21/2013**

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

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

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

Study Area Code of Reporting Carrier

**522446**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **TOLEDO TELEPHONE CO**

Signature of Authorized Officer: **Philip Cappalonga**

Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co,lc= , Date:5/22/2013

Date: **5/22/2013**

Printed name of Authorized Officer: **Philip Cappalonga**

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

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

Study Area Code of Reporting Carrier

**522447**

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 THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **Western Wahkiakum County Telephone Company**

Signature of Authorized Officer *Steven M. Appelo*

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 THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BEAVER CREEK COOP**

Signature of Authorized Officer: **Paul Hauer**

Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@bctelco.com,O=beaver creek coop,i=Oregon City OR 97045, Date:5/28/2013

Date: **5/28/2013**

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

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

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

Study Area Code of Reporting Carrier

**532359**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CANBY TEL ASSN**

Signature of Authorized Officer: **Keith Galitz**

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

Date: **5/22/2013**

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

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

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

Study Area Code of Reporting Carrier

**532362**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: CLEAR CREEK MUTUAL

Signature of Authorized Officer: Mitchell Moore

Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual, Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer: Mitchell Moore

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 503-631-2101

Study Area Code of Reporting Carrier

532363

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">COLTON TEL CO</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Stephanie Sauvageau</span>				<small>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</small>	
Date: <span style="color: blue;">5/28/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Stephanie Sauvageau</span>					
Title or position of Authorized Officer: <span style="color: blue;">Accounting Assistant</span>					
Telephone number of Authorized Officer: <span style="color: blue;">503-824-5863</span>					
Study Area Code of Reporting Carrier	532364		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **EAGLE TEL SYSTEMS**

Signature of Authorized Officer: **Mike Lattin**

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

Date: **5/28/2013**

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

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

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

Study Area Code of Reporting Carrier

**532369**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CASCADE UTIL INC**

Signature of Authorized Officer: **Brooke Wheeler**

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

Date: **5/28/2013**

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

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

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

Study Area Code of Reporting Carrier

**532371**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">GERVAIS TELEPHONE CO</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Hoffmann</span>				<small>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</small>	
Date: <span style="color: blue;">5/28/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">John Hoffmann</span>					
Title or position of Authorized Officer: <span style="color: blue;">President/CEO</span>					
Telephone number of Authorized Officer: <span style="color: blue;">503-792-3611</span>					
Study Area Code of Reporting Carrier	532373		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **ROOME TELECOMMUNICATIONS INC**

Signature of Authorized Officer

Date **5-21-13**

Printed name of Authorized Officer: **RANDAL L ROOME**

Title or position of Authorized Officer: **PRESIDNET**

Telephone number of Authorized Officer: **(541) 369-2211**, ext.

Study Area Code of Reporting Carrier

**532375**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **HELIX TEL CO.**

Signature of Authorized Officer: **James Smith**

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

Date: **5/21/2013**

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

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

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

Study Area Code of Reporting Carrier

**532376**

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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <b>TRANS-CASCADES TEL</b>					
Signature of Authorized Officer: <b>Brooke Wheeler</b>				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	
Date: <b>5/28/2013</b>					
Printed name of Authorized Officer: <b>Brooke Wheeler</b>					
Title or position of Authorized Officer: <b>Controller</b>					
Telephone number of Authorized Officer: <b>503-630-8952</b>					
Study Area Code of Reporting Carrier	<b>532378</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">MOLALLA TEL CO.</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Steve Loutzenhiser</span>				Digitally signed by Steve Loutzenhiser DN:cn=Steve Loutzenhiser,email=sloutzenhiser@molalla.com,O=molalla tel co.,l=Molalla OR 97038, Date:5/21/2013	
Date: <span style="color: blue;">5/21/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Steve Loutzenhiser</span>					
Title or position of Authorized Officer: <span style="color: blue;">CEO</span>					
Telephone number of Authorized Officer: <span style="color: blue;">503-829-1123</span>					
Study Area Code of Reporting Carrier	532383		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">MONITOR COOP TEL</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Geri Fraijo</span>				<small>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor coop tel,= , Date:5/20/2013</small>	
Date: <span style="color: blue;">5/20/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Geri Fraijo</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">503-634-2266</span>					
Study Area Code of Reporting Carrier	532384		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

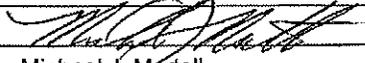
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: <b>Monroe Telephone Company</b>			
Signature of Authorized Officer: <i>Donna M. Dillard</i>			Date: <b>05-23-2013</b>
Printed name of Authorized Officer: <b>Donna M. Dillard</b>			
Title or position of Authorized Officer: <b>Secretary/Treasurer</b>			
Telephone number of Authorized Officer: <b>(541) 847-5135 ext.</b>			
Study Area Code of Reporting Carrier	<b>532385</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>MT. ANGEL TEL CO.</b>			
Signature of Authorized Officer 			Date <b>5/22/13</b>
Printed name of Authorized Officer <b>KEITH GALITZ</b>			
Title or position of Authorized Officer <b>PRESIDENT</b>			
Telephone number of Authorized Officer: <b>(503) 266-8200</b> ext.			
Study Area Code of Reporting Carrier	<b>532386</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Nehalem Telecommunications Inc.</b>			
Signature of Authorized Officer 			Date <b>05/23/2013</b>
Printed name of Authorized Officer <b>Michael J. Martell</b>			
Title or position of Authorized Officer <b>Vice President</b>			
Telephone number of Authorized Officer: <b>(208) 366-2614 ext.</b>			
Study Area Code of Reporting Carrier	<b>532387</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **NORTH STATE TEL CO.**

Signature of Authorized Officer: **Delinda Kluser**

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

Date: **5/23/2013**

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

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

Telephone number of Authorized Officer: **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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">OREGON TEL CORP</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Delinda Kluser</span>				<small>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp,I=Mt. Vernon OR 97865-0609, Date:5/23/2013</small>	
Date: <span style="color: blue;">5/23/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Delinda Kluser</span>					
Title or position of Authorized Officer: <span style="color: blue;">Vice President, Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">541-932-4411</span>					
Study Area Code of Reporting Carrier	532389		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: OREGON-IDAHO UTIL.

Signature of Authorized Officer: Alison Beck

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

Date: 5/24/2013

Printed name of Authorized Officer: Alison Beck

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

Telephone number of Authorized Officer: 510-338-4622

Study Area Code of Reporting Carrier

532390

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 THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PEOPLES TEL CO. - OR**

Signature of Authorized Officer: **Don Lawrence**

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

Date: **5/23/2013**

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

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

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

Study Area Code of Reporting Carrier

**532391**

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 THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PINE TEL SYSTEM INC.**

Signature of Authorized Officer: **Ron Milford**

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

Date: **5/24/2013**

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

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

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

Study Area Code of Reporting Carrier

**532392**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **PIONEER TEL COOP**

Signature of Authorized Officer: **Michael Whalen**

Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneer.net,O=pioneer tel coop,i=Philomath OR 97370-0631, Date:5/23/2013

Date: **5/23/2013**

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

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

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

Study Area Code of Reporting Carrier

**532393**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ST PAUL COOP ASSN**

Signature of Authorized Officer: **Nick Schneider**

Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st paul coop assn,I=St. Paul OR 97137, Date:5/24/2013

Date: **5/24/2013**

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

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

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

Study Area Code of Reporting Carrier

**532396**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">SCIO MUTUAL TEL ASSN</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Thomas Barth</span>				<small>Digitally signed by Thomas Barth DN: cn=Thomas Barth, email=tbarth@smt-net.com, O=scio mutual tel assn,   = , Date: 5/28/2013</small>	
Date: <span style="color: blue;">5/28/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Thomas Barth</span>					
Title or position of Authorized Officer: <span style="color: blue;">CEO/General Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">503-394-3366</span>					
Study Area Code of Reporting Carrier	532397		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">STAYTON COOP TEL CO</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Don Lawrence</span>				<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>	
Date: <span style="color: blue;">5/23/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Don Lawrence</span>					
Title or position of Authorized Officer: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer: <span style="color: blue;">503-769-9057</span>					
Study Area Code of Reporting Carrier	532399		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: OREGON TEL CORP-MTE

Signature of Authorized Officer: Delinda Kluser

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

Date: 5/23/2013

Printed name of Authorized Officer: Delinda Kluser

Title or position of Authorized Officer: Vice President, Manager

Telephone number of Authorized Officer: 541-932-4411

Study Area Code of Reporting Carrier

533336

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 THE REPORTING CARRIER,**

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <b>Calaveras Telephone Company</b>			
Signature of Authorized Officer 			Date <b>5/28/2013</b>
Printed name of Authorized Officer <b>Louis Cherniss</b>			
Title or position of Authorized Officer <b>Chief Financial Officer</b>			
Telephone number of Authorized Officer: <b>(209) 785-2221</b> , ext.			
Study Area Code of Reporting Carrier	<b>542301</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CAL-ORE TELEPHONE CO**

Signature of Authorized Officer: **Waihun Yee**

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

Date: **5/22/2013**

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

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

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

Study Area Code of Reporting Carrier

**542311**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **DUCOR TELEPHONE CO**

Signature of Authorized Officer: **Eric Wolfe**

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

Date: **5/28/2013**

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

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

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

Study Area Code of Reporting Carrier

**542313**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Kerman Telephone Co. (dba Sebastian)			
Signature of Authorized Officer: <i>Rhonda Armstrong</i>			Date: 5/23/13
Printed name of Authorized Officer: Rhonda Armstrong			
Title or position of Authorized Officer: Vice President of Operations			
Telephone number of Authorized Officer: (530) 367-7780 ext.			
Study Area Code of Reporting Carrier	542324	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier The Ponderosa Telephone Co.			
Signature of Authorized Officer <i>E. L. Silkwood</i>			Date 05/21/2013
Printed name of Authorized Officer E. L. Silkwood			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (559) 868-6395 ext.			
Study Area Code of Reporting Carrier	542332	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
<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 THE REPORTING CARRIER,**

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>Sierra Telephone Company, Inc.</b>			
Signature of Authorized Officer <i>Cindy A. Huber</i>			Date <i>May 24, 2013</i>
Printed name of Authorized Officer <b>Cindy A. Huber</b>			
Title or position of Authorized Officer <b>Vice President Operations</b>			
Telephone number of Authorized Officer: <b>(559) 683-4611</b> , ext.			
Study Area Code of Reporting Carrier	<b>542338</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
<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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: <b>Siskiyou Telephone Company</b>			
Signature of Authorized Officer: <i>James T. Lowers</i>			Date: <b>05/23/2013</b>
Printed name of Authorized Officer: <b>James T. Lowers</b>			
Title or position of Authorized Officer: <b>President</b>			
Telephone number of Authorized Officer: <b>(530) 467-6171</b> ext.			
Study Area Code of Reporting Carrier	<b>542339</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">VOLCANO TEL CO</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Earl Bishop</span>				<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>	
Date: <span style="color: blue;">5/23/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Earl Bishop</span>					
Title or position of Authorized Officer: <span style="color: blue;">Chief Financial Officer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">209-296-1447</span>					
Study Area Code of Reporting Carrier	542343		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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

Signature of Authorized Officer: **Steven Bryan**

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

Date: **5/21/2013**

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

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

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

Study Area Code of Reporting Carrier

**542346**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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

Signature of Authorized Officer: **Steve Cowger**

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

Date: **5/24/2013**

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

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

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

Study Area Code of Reporting Carrier

**552220**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: Rural Telephone Company- NV			
Signature of Authorized Officer: 			Date: 05/23/2013
Printed name of Authorized Officer: Michael J. Martell			
Title or position of Authorized Officer: Vice-President			
Telephone number of Authorized Officer: (208) 366-2614 ext.			
Study Area Code of Reporting Carrier	552233	Filing Due Date for this form (mm/dd/yyyy)	6/17/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">BEEHIVE TEL CO - NV</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Wayne McCulley</span>				Digitally signed by Wayne McCulley DN:cn=Wayne McCulley,email=waynem@beehive.net,O=beehive tel co - nv,l= , Date:5/28/2013	
Date: <span style="color: blue;">5/28/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Wayne McCulley</span>					
Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">801-250-6639</span>					
Study Area Code of Reporting Carrier	552284		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CHURCHILL-CC COMM.**

Signature of Authorized Officer: **Mark Feest**

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

Date: **5/28/2013**

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

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

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

Study Area Code of Reporting Carrier

**552349**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">LINCOLN CTY TEL SYS</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Christian, III</span>				<small>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,I=Pioche NV 89043, Date:5/22/2013</small>	
Date: <span style="color: blue;">5/22/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">John Christian, III</span>					
Title or position of Authorized Officer: <span style="color: blue;">President</span>					
Telephone number of Authorized Officer: <span style="color: blue;">775-962-5131</span>					
Study Area Code of Reporting Carrier	552351		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Moapa Valley Telephone Company</b>			
Signature of Authorized Officer 			Date <b>5/22/2013</b>
Printed name of Authorized Officer <b>John W. Lyon</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(702) 397-2601 ext.</b>			
Study Area Code of Reporting Carrier	<b>552353</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">RIO VIRGIN TEL CO</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Brooke Wheeler</span>				Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin tel co,l=Estacada OR 97023, Date:5/28/2013	
Date: <span style="color: blue;">5/28/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Brooke Wheeler</span>					
Title or position of Authorized Officer: <span style="color: blue;">Controller</span>					
Telephone number of Authorized Officer: <span style="color: blue;">503-630-8952</span>					
Study Area Code of Reporting Carrier	552356		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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

Signature of Authorized Officer: **Alison Beck**

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

Date: **5/24/2013**

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

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

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

Study Area Code of Reporting Carrier

**553304**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <b>ADAK TEL UTILITY</b>					
Signature of Authorized Officer: <b>Andilea Weaver</b>				<small>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaku.net,O=adak tel utility,/= ,            Date:5/28/2013</small>	
Date: <b>5/28/2013</b>					
Printed name of Authorized Officer: <b>Andilea Weaver</b>					
Title or position of Authorized Officer: <b>Vice President/COO</b>					
Telephone number of Authorized Officer: <b>907-222-0844</b>					
Study Area Code of Reporting Carrier	<b>610989</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **ARCTIC SLOPE TEL**

Signature of Authorized Officer: **Clover McNeil**

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

Date: **5/21/2013**

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

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

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

Study Area Code of Reporting Carrier

**613001**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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

Signature of Authorized Officer: **Michael Garrett**

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

Date: **5/28/2013**

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

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

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

Study Area Code of Reporting Carrier

**613002**

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 THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BRISTOL BAY TEL COOP**

Signature of Authorized Officer: **Todd Hoppe**

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

Date: **5/28/2013**

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

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

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

Study Area Code of Reporting Carrier

**613003**

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 THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **BUSH-TEL INC.**

Signature of Authorized Officer: **W. DeVore**

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

Date: **5/28/2013**

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

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

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

Study Area Code of Reporting Carrier

**613004**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **CIRCLE TEL & ELEC**

Signature of Authorized Officer: **David Masephol**

Digitally signed by David Masephol DN:cn=David Masephol,email=damasephol@gmail.com,O=circle tel & elec,l=Circle AK 99733, Date:5/23/2013

Date: **5/23/2013**

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

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

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

Study Area Code of Reporting Carrier

**613005**

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

**6/17/2013**

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

**TO BE COMPLETED BY THE REPORTING CARRIER,**

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier <b>Copper Valley Telephone Cooperative, Inc.</b>			
Signature of Authorized Officer <i>Pamela R. Murphy</i>			Date <b>5/28/2013</b>
Printed name of Authorized Officer <b>Pamla R. Murphy</b>			
Title or position of Authorized Officer <b>Chief Financial Officer</b>			
Telephone number of Authorized Officer: <b>(907) 835-2231</b> ext.			
Study Area Code of Reporting Carrier	<b>613006</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Cordova Telephone Cooperative, Inc.</b>			
Signature of Authorized Officer <i>Paul Kelly</i>			Date <b>05/24/2013</b>
Printed name of Authorized Officer <b>Paul Kelly</b>			
Title or position of Authorized Officer <b>General Manager/ CEO</b>			
Telephone number of Authorized Officer: <b>(907) 424-2345 ext.</b>			
Study Area Code of Reporting Carrier	<b>613007</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">INTERIOR TEL CO INC</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Brenda Shepard</span>				Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=interior tel co inc,l= , Date:5/28/2013	
Date: <span style="color: blue;">5/28/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Brenda Shepard</span>					
Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">907-563-2003</span>					
Study Area Code of Reporting Carrier	613011		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **KETCHIKAN PUBLIC UT**

Signature of Authorized Officer: **Dan Lindgren**

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

Date: **5/22/2013**

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

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

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

Study Area Code of Reporting Carrier

**613013**

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

**6/17/2013**

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

**TO BE COMPLETED BY THE REPORTING CARRIER.**

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <b>Matanuska Telephone Association, Inc.</b></p>			
<p>Signature of Authorized Officer <i>Wanda Tankersley</i></p>			<p>Date <b>5/28/13</b></p>
<p>Printed name of Authorized Officer <b>Wanda Tankersley</b></p>			
<p>Title or position of Authorized Officer <b>Chief Financial Officer</b></p>			
<p>Telephone number of Authorized Officer: <b>(907) 761-2654</b> ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>613015</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2013</b></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 THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">MUKLUK TEL CO INC</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Brenda Shepard</span>				Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=mukluk tel co inc,l= , Date:5/28/2013	
Date: <span style="color: blue;">5/28/2013</span>					
Printed name of Authorized Officer: <span style="color: blue;">Brenda Shepard</span>					
Title or position of Authorized Officer: <span style="color: blue;">Chief Executive Officer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">907-563-2003</span>					
Study Area Code of Reporting Carrier	613016		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: ALASKA TEL CO

Signature of Authorized Officer: Michael Garrett

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

Date: 5/28/2013

Printed name of Authorized Officer: Michael Garrett

Title or position of Authorized Officer: COO - Executive VP

Telephone number of Authorized Officer: 360-385-1733

Study Area Code of Reporting Carrier

613017

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Nushagak Electric & Telephone Cooperative Inc.			
Signature of Authorized Officer <i>Michael Megli CEO/Gen</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 THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **OTZ TEL COOPERATIVE**

Signature of Authorized Officer: **Doug Neal**

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

Date: **5/23/2013**

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

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

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

Study Area Code of Reporting Carrier

**613019**

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

**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

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

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

TO BE COMPLETED BY THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: YUKON TEL CO INC

Signature of Authorized Officer: Paula Eller

Digitally signed by Paula Eller DN:cn=Paula Eller,email=paula@yukontel.com,O=yukon tel co inc,l= , Date:5/28/2013

Date: 5/28/2013

Printed name of Authorized Officer: Paula Eller

Title or position of Authorized Officer: Secretary/Treasurer

Telephone number of Authorized Officer: 907-745-5363

Study Area Code of Reporting Carrier

613025

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 THE REPORTING CARRIER.

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier: **NORTH COUNTRY TEL CO**

Signature of Authorized Officer: **Michael Garrett**

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

Date: **5/28/2013**

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

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

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

Study Area Code of Reporting Carrier

**613026**

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

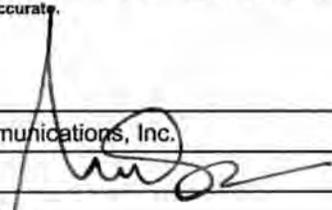
**6/17/2013**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: The Summit Telephone and Telegraph Company Inc. DBA Summit Telephone Company			
Signature of Authorized Officer: 			Date: 05/21/2013
Printed name of Authorized Officer: Roger Shoffstak			
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.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier <b>Sandwich Isles Communications, Inc.</b></p>			
<p>Signature of Authorized Officer </p>			<p>Date <b>5/23/13</b></p>
<p>Printed name of Authorized Officer <b>Albert S.N. Hee</b></p>			
<p>Title or position of Authorized Officer <b>President</b></p>			
<p>Telephone number of Authorized Officer: <b>(808) 524-8400</b>, ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p><b>623021</b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/17/2013</b></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>			

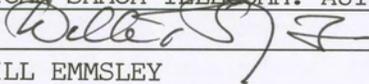
TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">TELEGUAM HOLDINGS</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">John Brady</span>				<small>Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,lf= , Date:5/22/2013</small> Date: <span style="color: blue;">5/22/2013</span>	
Printed name of Authorized Officer: <span style="color: blue;">John Brady</span>					
Title or position of Authorized Officer: <span style="color: blue;">CFO</span>					
Telephone number of Authorized Officer: <span style="color: blue;">671-644-0013</span>					
Study Area Code of Reporting Carrier	663800		Filing Due Date for this form (mm/dd/yyyy)	6/17/2013	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>					

TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				AMERICAN SAMOA TELECOMM. AUTHORITY	
Signature of Authorized Officer			Date		
			05/28/2013		
Printed name of Authorized Officer					
BILL EMSLEY					
Title or position of Authorized Officer					
EXECUTIVE DIRECTOR					
Telephone number of Authorized Officer: (684) 699-1121 ext.					
Study Area Code of Reporting Carrier		673900		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier <b>See Attachment</b>					
Signature of Authorized Officer <i>Michael T. Skivan</i>			Date <b>May 28, 2013</b>		
Printed name of Authorized Officer <b>Michael T. Skivan</b>					
Title or position of Authorized Officer <b>Vice President - Regulatory</b>					
Telephone number of Authorized Officer: <b>(207) 535-4150 ext.</b>					
Study Area Code of Reporting Carrier	<b>See Attachment</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/17/2013</b>		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported

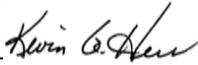
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier		The FairPoint Telephone Companies	
Signature of Authorized Officer	<i>Michael T. Skrivan</i>	Date	06/19/2013
Printed name of Authorized Officer	Michael T Skrivan		
Title or position of Authorized Officer	VP Regulatory		
Telephone number of Authorized Officer:	(207) 535-4180 ext.		
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 as to the Accuracy of the CAF ICC Data Reported**

**I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.**

Name of Reporting Carrier		See attached list.	
Signature of authorized officer or employee			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