

# VOLUME 1

## APPENDIX C Exhibit 1

### CARRIER CERTIFICATIONS Carriers not Seeking Duplicative Recovery

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier:      <b>OXFORD WEST TEL CO</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Dawna Hannan</b></p>				<p>Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford west tel co,l=Lewiston ME 04240, Date:5/15/2014</p>	
<p>Date:      <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Dawna Hannan</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>Director Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>207-333-3455</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>100002</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <b>LINCOLNVILLE NETWRKS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Shirley Manning</b></p>				<p>Digitally signed by Shirley Manning DN:cn=Shirley Manning,email=shirleym@lintelco.net,O=lincolnvillenetwrks,lc= , Date:5/15/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Shirley Manning</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>207-563-9941</b></p>					
Study Area Code of Reporting Carrier	<b>100003</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier:      <b>OXFORD COUNTY TEL</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Dawna Hannan</b></p>				<p>Digitally signed by Dawna Hannan DN:cn=Dawna Hannan,email=dhannan@oxfordnetworks.com,O=oxford county tel,l=Lewiston ME 04240, Date:5/15/2014</p>	
<p>Date:      <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Dawna Hannan</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>Director Regulatory Affairs</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>207-333-3455</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>100019</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: PINE TREE TEL LLC					
Signature of Authorized Officer or employee: Dennis Andrews				Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=pine tree tel llc, Date:5/14/2014	
Date: 5/14/2014					
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 256-586-1420					
Study Area Code of Reporting Carrier	100020		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: SACO RIVER TEL LLC					
Signature of Authorized Officer or employee: Dennis Andrews				Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=saco river tel llc,lc=, Date:5/14/2014	
Date: 5/14/2014					
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 256-586-1420					
Study Area Code of Reporting Carrier	100022		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier Union River Telephone Company			
Signature of authorized officer 		Date	05/16/2014
Printed name of authorized officer William S. Silsby, Jr.			
Title or position of authorized officer President/General Manager			
Telephone number of authorized officer: (207) 584-9911 ext.			
Study Area Code of Reporting Carrier	100027	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier:      <u>UNITEL, INC.</u></p>					
<p>Signature of Authorized Officer or employee:      <u>Laurie Osgood</u></p>				<p>Digitally signed by Laurie Osgood DN:cn=Laurie Osgood,email=losgood@uninets.net,O=unitel, inc.,l=Unity ME 04988-0165, Date: 5/15/2014</p>	
<p>Date:      <u>5/15/2014</u></p>					
<p>Printed name of Authorized Officer or employee:      <u>Laurie Osgood</u></p>					
<p>Title or position of Authorized Officer or employee:      <u>CEO/President</u></p>					
<p>Telephone number of Authorized Officer or employee:      <u>207-948-9952</u></p>					
Study Area Code of Reporting Carrier	<u>100029</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MID-MAINE TELECOM</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dennis Andrews</span></p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=mid-maine telecom,l= , Date:5/14/2014</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Andrews</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Sr Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">256-586-1420</span></p>					
Study Area Code of Reporting Carrier	103315		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: GRANBY TEL LLC					
Signature of Authorized Officer or employee: Dennis Andrews				Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=granby tel llc,lc= , Date:5/14/2014	
Date: 5/14/2014					
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 256-586-1420					
Study Area Code of Reporting Carrier	110036		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RICHMOND TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Richard Drake Jr.</span></p>				<p><small>Digitally signed by Richard Drake Jr. DN: cn=Richard Drake Jr., email=rdrake@cstel.com, O=richmond tel co, l=Troy NY 12180, Date: 5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Drake Jr.</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">518-328-0336</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">110037</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier		Bretton Woods Telephone Company, Inc.	
Signature of authorized officer		Date	5/15/14
Printed name of authorized officer		Art Nicholson	
Title or position of authorized officer		V.P. Operations	
Telephone number of authorized officer:		(603) 278-9911 ext.	
Study Area Code of Reporting Carrier	120038	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: GRANITE STATE TEL					
Signature of Authorized Officer or employee: Susan King				Digitally signed by Susan King DN:cn=Susan King,email=srand@gstnetworks.com,O=granite state tel,l=Weare NH 03281, Date:5/14/2014	
Date: 5/14/2014					
Printed name of Authorized Officer or employee: Susan King					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 603-529-9941					
Study Area Code of Reporting Carrier	120039		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: DIXVILLE TEL CO					
Signature of Authorized Officer or employee: Ann Walsh				Digitally signed by Ann Walsh DN:cn=Ann Walsh,email=awalsh@tillotsoncorp.com,O=dixville tel co,l=, Date:5/15/2014	
Date: 5/15/2014					
Printed name of Authorized Officer or employee: Ann Walsh					
Title or position of Authorized Officer or employee: Assistant Secretary					
Telephone number of Authorized Officer or employee: 781-402-1731					
Study Area Code of Reporting Carrier	120042		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: DUNBARTON TEL CO					
Signature of Authorized Officer or employee: David Montgomery				Digitally signed by David Montgomery DN:cn=David Montgomery,email=duntelco@gsinet.net,O=dunbarton tel co,l= , Date:5/7/2014	
Date: 5/7/2014					
Printed name of Authorized Officer or employee: David Montgomery					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 603-774-9911					
Study Area Code of Reporting Carrier	120043		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FRANKLIN TEL CO - VT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Kimberly Gates Maynard</span></p>				<p><small>Digitally signed by Kimberly Gates Maynard DN: cn=Kimberly Gates Maynard, email=ftc@franklinvt.net, O=franklin tel co - vt, I=Franklin VT 05457, Date: 5/20/2014</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Kimberly Gates Maynard</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">802-285-9911</span></p>					
Study Area Code of Reporting Carrier	140053		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHOREHAM TEL.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dennis Andrews</span></p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=shoreham tel.,l= , Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dennis Andrews</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Sr Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">256-586-1420</span></p>					
Study Area Code of Reporting Carrier	140064		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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>					

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier		Toppan Company, Inc.	
Signature of authorized officer		Date	5/20/14
Printed name of authorized officer		Donald A. Ceresoli, Jr.	
Title or position of authorized officer		President	
Telephone number of authorized officer		(315) 324-5911	
Study Area Code of Reporting Carrier	140068	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 55 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: <b>WAITSFIELD/FAYSTON</b>					
Signature of Authorized Officer or employee: <b>Roger Nishi</b>				Digitally signed by Roger Nishi DN:cn=Roger Nishi,email=rnishi@wcvr.com,O=waitsfield/fayston,l=Waitsfield VT 05673, Date:5/19/2014	
Date: <b>5/19/2014</b>					
Printed name of Authorized Officer or employee: <b>Roger Nishi</b>					
Title or position of Authorized Officer or employee: <b>Vice President - Industry Relations</b>					
Telephone number of Authorized Officer or employee: <b>802-496-8336</b>					
Study Area Code of Reporting Carrier	<b>140069</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VERMONT TEL. CO-VT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Fran Stocker</span></p>				<p><small>Digitally signed by Fran Stocker DN:cn=Fran Stocker,email=fstocker@vermontel.com,O=vermont tel. co-vt,l= , Date:5/20/2014</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Fran Stocker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Finance</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">802-885-7745</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">147332</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: <b>ARMSTRONG TEL CO-NY</b>					
Signature of Authorized Officer or employee: <b>James Ranko</b>				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-ny,l= , Date:5/19/2014</small> Date: <b>5/19/2014</b>	
Printed name of Authorized Officer or employee: <b>James Ranko</b>					
Title or position of Authorized Officer or employee: <b>Controller</b>					
Telephone number of Authorized Officer or employee: <b>724-283-0925</b>					
Study Area Code of Reporting Carrier	<b>150071</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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.					

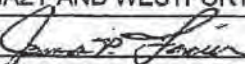
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: CASSADAGA TEL CORP					
Signature of Authorized Officer or employee: Bruce Clark				Digitally signed by Bruce Clark DN:cn=Bruce Clark,email=bruce.clark@dfel.com,O=cassadaga tel corp,l=Fredonia NY 14063-0209, Date:5/13/2014	
				Date: 5/13/2014	
Printed name of Authorized Officer or employee: Bruce Clark					
Title or position of Authorized Officer or employee: Vice President of Finance					
Telephone number of Authorized Officer or employee: 716-673-3083					
Study Area Code of Reporting Carrier	150076		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: CHAMPLAIN TEL CO					
Signature of Authorized Officer or employee: Mark Webster				Digitally signed by Mark Webster DN:cn=Mark Webster,email=mwebster@champlaintelephone.com,O=champlain tel co,l=Champlain NY 12919, Date:5/16/2014	
				Date: 5/16/2014	
Printed name of Authorized Officer or employee: Mark Webster					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 518-298-2480					
Study Area Code of Reporting Carrier	150077		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier	CHAZY AND WESTPORT TELEPHONE CORPORATION		
Signature of authorized officer		Date	5/12/2014
Printed name of authorized officer	JAMES P. FORCIER		
Title or position of authorized officer	PRESIDENT		
Telephone number of authorized officer:	(518) 962-8211 ext.		
Study Area Code of Reporting Carrier	150079	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>			
<p>Name of Reporting Carrier <b>Citizens Telephone Company, Inc.</b></p>			
<p>Signature of authorized officer </p>		<p>Date <b>5/20/14</b></p>	
<p>Printed name of authorized officer <b>Donald A. Ceresoli, Jr.</b></p>			
<p>Title or position of authorized officer <b>President</b></p>			
<p>Telephone number of authorized officer: <b>315 324-5911</b>, ext.</p>			
<p>Study Area Code of Reporting Carrier <b>150081</b></p>		<p>Filing Due Date for this form (mm/dd/yyyy) <b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: CROWN POINT TEL CORP					
Signature of Authorized Officer or employee: Shana Macey				Digitally signed by Shana Macey DN:cn=Shana Macey,email=shana.macey@cptelco.net,O=crown point tel corp,I=Crown Point NY 12928, Date:5/13/2014	
				Date: 5/13/2014	
Printed name of Authorized Officer or employee: Shana Macey					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 518-597-3300					
Study Area Code of Reporting Carrier	150085		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: DELHI TEL CO					
Signature of Authorized Officer or employee: Jason Miller				Digitally signed by Jason Miller DN:cn=Jason Miller,email=jason@delhitel.com,O=delhi tel co,l=Delhi NY 13753, Date:5/19/2014	
Date: 5/19/2014					
Printed name of Authorized Officer or employee: Jason Miller					
Title or position of Authorized Officer or employee: Vice President/Treasurer					
Telephone number of Authorized Officer or employee: 607-746-1524					
Study Area Code of Reporting Carrier	150088		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: DUNKIRK & FREDONIA					
Signature of Authorized Officer or employee: Bruce Clark				Digitally signed by Bruce Clark DN:cn=Bruce Clark,email=bruce.clark@dfel.com,O=dunkirk & fredonia,l=Fredonia NY 14063-0209, Date:5/13/2014	
				Date: 5/13/2014	
Printed name of Authorized Officer or employee: Bruce Clark					
Title or position of Authorized Officer or employee: Vice President of Finance					
Telephone number of Authorized Officer or employee: 716-673-3083					
Study Area Code of Reporting Carrier	150091		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">EMPIRE TEL CORP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Tom Prestigiacomio</span></p>				<p><small>Digitally signed by Tom Prestigiacomio DN:cn=Tom Prestigiacomio,email=tpresti@etcnpt.com,O=empire tel corp,l=Prattsburgh NY 14873, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tom Prestigiacomio</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">607-522-4237</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150093</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: FISHERS ISLAND TEL					
Signature of Authorized Officer or employee: J. Finan				Digitally signed by J. Finan DN:cn=J. Finan,email=jcfinan@fishersisland.net,O=fishers island tel,l=, Date:5/14/2014	
				Date: 5/14/2014	
Printed name of Authorized Officer or employee: J. Finan					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 631-788-7251					
Study Area Code of Reporting Carrier	150095		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: GERMANTOWN TEL CO					
Signature of Authorized Officer or employee: Bruce Bohnsack				Digitally signed by Bruce Bohnsack DN:cn=Bruce Bohnsack,email=bruceb@gtel.net,O=germantown tel co,l=Germantown NY 12526, Date:5/12/2014	
				Date: 5/12/2014	
Printed name of Authorized Officer or employee: Bruce Bohnsack					
Title or position of Authorized Officer or employee: President and CEO					
Telephone number of Authorized Officer or employee: 518-537-4835					
Study Area Code of Reporting Carrier	150097		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: HANCOCK TEL CO					
Signature of Authorized Officer or employee: Robert Wrighter, Jr				Digitally signed by Robert Wrighter, Jr DN:cn=Robert Wrighter, Jr,email=robjir@hancocktelephone.com,O=hancock tel co,l=Hancock NY 13783, Date:5/16/2014	
Date: 5/16/2014					
Printed name of Authorized Officer or employee: Robert Wrighter, Jr					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 607-637-9912					
Study Area Code of Reporting Carrier	150099		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: MARGARETVILLE TEL CO					
Signature of Authorized Officer or employee: Glen Faulkner				Digitally signed by Glen Faulkner DN:cn=Glen Faulkner,email=mtcgf@catskill.net,O=margaretville tel co,l=Margaretville NY 12455, Date:5/19/2014	
Date: 5/19/2014					
Printed name of Authorized Officer or employee: Glen Faulkner					
Title or position of Authorized Officer or employee: Asst Secretary / Treasurer					
Telephone number of Authorized Officer or employee: 845-586-3311					
Study Area Code of Reporting Carrier	150104		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MIDDLEBURGH TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Marjorie Becker</span></p>				<p><small>Digitally signed by Marjorie Becker DN:cn=Marjorie Becker, email=info@midtel.net, O=middleburgh tel co, j=Middleburgh NY 12122-0191, Date: 5/14/2014</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Marjorie Becker</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO &amp; General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">518-827-5211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">150105</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <b>NEWPORT TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Joseph Tomaino</b></p>				<p>Digitally signed by Joseph Tomaino DN:cn=Joseph Tomaino,email=jtomaino@ntcnet.com,O=newport tel co,l=Newport NY 13416, Date:5/12/2014</p>	
<p>Date: <b>5/12/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Joseph Tomaino</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President of Operations</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>315-845-8112</b></p>					
Study Area Code of Reporting Carrier	<b>150107</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: NICHOLVILLE TEL CO					
Signature of Authorized Officer or employee: Jeffrey McGrath				Digitally signed by Jeffrey McGrath DN:cn=Jeffrey McGrath,email=jmcgrath@slc.com,O=nicholville tel co,l=Nicholville NY 12965, Date:5/13/2014	
				Date: 5/13/2014	
Printed name of Authorized Officer or employee: Jeffrey McGrath					
Title or position of Authorized Officer or employee: Vice President/CIO					
Telephone number of Authorized Officer or employee: 315-328-5333					
Study Area Code of Reporting Carrier	150108		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ONEIDA COUNTY RURAL					
Signature of Authorized Officer or employee: Thomas Ellis				Digitally signed by Thomas Ellis DN:cn=Thomas Ellis,email=tellis@northlandcom.com,O=oneida county rural, Date: 5/13/2014	
Date: 5/13/2014					
Printed name of Authorized Officer or employee: Thomas Ellis					
Title or position of Authorized Officer or employee: Executive Vice President					
Telephone number of Authorized Officer or employee: 315-624-2000					
Study Area Code of Reporting Carrier	150111		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: <b>ONTARIO TEL CO, INC.</b>					
Signature of Authorized Officer or employee: <b>Sean Socha</b>				<small>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=ontario tel co, inc.,l= , Date:5/15/2014</small> Date: <b>5/15/2014</b>	
Printed name of Authorized Officer or employee: <b>Sean Socha</b>					
Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b>					
Telephone number of Authorized Officer or employee: <b>585-433-6666</b>					
Study Area Code of Reporting Carrier	<b>150112</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: PATTERSONVILLE TEL					
Signature of Authorized Officer or employee: Tammy Krisher				<small>Digitally signed by Tammy Krisher DN:cn=Tammy Krisher,email=tkrisher@ptconnect.net,O=pattersonville tel,l=Rotterdam Junc NY 12150, Date:5/9/2014</small> Date: 5/9/2014	
Printed name of Authorized Officer or employee: Tammy Krisher					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 518-887-2121					
Study Area Code of Reporting Carrier	150116		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: STATE TEL CO					
Signature of Authorized Officer or employee: Mark Evans				Digitally signed by Mark Evans DN:cn=Mark Evans,email=mevans@statetel.com,O=state tel co,l= , Date:5/13/2014	
Date: 5/13/2014					
Printed name of Authorized Officer or employee: Mark Evans					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 518-731-6128					
Study Area Code of Reporting Carrier	150125		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: TRUMANSBURG TEL CO.					
Signature of Authorized Officer or employee: Sean Socha				<small>Digitally signed by Sean Socha DN:cn=Sean Socha,email=seans@ftg.com,O=trumansburg tel co.,l= , Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer or employee: Sean Socha					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 585-433-6666					
Study Area Code of Reporting Carrier	150131		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	A/teva of Warwick LLC		
Signature of authorized officer	Jennifer M Brown	Date	5/16/2014
Printed name of authorized officer	Jennifer M Brown		
Title or position of authorized officer	Corporate Secretary, Executive VP and Chief Administrative Officer		
Telephone number of authorized officer:	262342300 ext.		
Study Area Code of Reporting Carrier	150135	Filing Due Date for this form (mm/dd/yyyy)	8/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier	Altera of Warwick LLC		
Signature of authorized officer	<i>Jennifer M Brown</i>	Date	5/16/2014
Printed name of authorized officer	Jennifer M Brown		
Title or position of authorized officer	Corporate Secretary, Executive VP and Chief Administrative Officer		
Telephone number of authorized officer:	603.234.7100 ext.		
Study Area Code of Reporting Carrier	160135	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: CITIZENS - KECKSBURG					
Signature of Authorized Officer or employee: Dennis Cutrell				Digitally signed by Dennis Cutrell DN:cn=Dennis Cutrell,email=telco@wpa.net,O=citizens - kecksburg,I=Mammoth PA 15664-0156, Date:5/15/2014	
Date: 5/15/2014					
Printed name of Authorized Officer or employee: Dennis Cutrell					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 724-424-4444					
Study Area Code of Reporting Carrier	170156		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: HICKORY TEL CO					
Signature of Authorized Officer or employee: Grier Adamson				Digitally signed by Grier Adamson DN:cn=Grier Adamson,email=grier@hky.com,O=hickory tel co,l= , Date:5/14/2014	
Date: 5/14/2014					
Printed name of Authorized Officer or employee: Grier Adamson					
Title or position of Authorized Officer or employee: CEO/Treasurer					
Telephone number of Authorized Officer or employee: 724-356-2211					
Study Area Code of Reporting Carrier	170171		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: <span style="color: blue;">LACKAWAXEN TELECOM</span>					
Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Deborah Szmyd</span>				<small>Digitally signed by Deborah Szmyd DN:cn=Deborah Szmyd,email=deborah.szmyd@ltis.net,O=lackawaxen telecom,l=Rowland PA 18457, Date:5/19/2014</small> Date: <span style="color: blue;">5/19/2014</span>	
Printed name of Authorized Officer or employee: <span style="color: blue;">Deborah Szmyd</span>					
Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/Treasurer</span>					
Telephone number of Authorized Officer or employee: <span style="color: blue;">570-685-1096</span>					
Study Area Code of Reporting Carrier	170177		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>			
Name of Reporting Carrier <b>Laurel Highland Telephone Company</b>			
Signature of authorized officer 		Date	<b>05/16/14</b>
Printed name of authorized officer <b>James J. Kail</b>			
Title or position of authorized officer <b>President/CEO</b>			
Telephone number of authorized officer: <b>(724) 593-2411</b> ext.			
Study Area Code of Reporting Carrier	<b>170179</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG TEL CO-PA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Ranko</span></p>				<p><small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel co-pa,l= , Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Ranko</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">724-283-0925</span></p>					
Study Area Code of Reporting Carrier	170189		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: NORTH-EASTERN PA TEL					
Signature of Authorized Officer or employee: Thomas Mendicino				Digitally signed by Thomas Mendicino DN:cn=Thomas Mendicino,email=tommendo@nep.net,O=north-eastern pa tel,l=Forest City PA 18421, Date:5/13/2014	
				Date: 5/13/2014	
Printed name of Authorized Officer or employee: Thomas Mendicino					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 570-785-2210					
Study Area Code of Reporting Carrier	170191		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: NORTH PENN TEL CO					
Signature of Authorized Officer or employee: Tom Prestigiacomo				Digitally signed by Tom Prestigiacomo DN:cn=Tom Prestigiacomo,email=tpresti@etcnpt.com,O=north penn tel co,l=Prattsburgh NY 14873, Date:5/16/2014	
Date: 5/16/2014					
Printed name of Authorized Officer or employee: Tom Prestigiacomo					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 607-522-4237					
Study Area Code of Reporting Carrier	170192		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ARMSTRONG TEL NORTH					
Signature of Authorized Officer or employee: James Ranko				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel north,lc= , Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer or employee: James Ranko					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 724-283-0925					
Study Area Code of Reporting Carrier	170195		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PALMERTON TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Thomas Lager</span></p>				<p><small>Digitally signed by Thomas Lager DN:cn=Thomas Lager,email=tlager@ptelco.com,O=palmerton tel co,l=Palmerton PA 18071, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Thomas Lager</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President of Operations</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">610-826-9272</span></p>					
Study Area Code of Reporting Carrier	170196		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

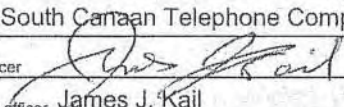
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: PENNSYLVANIA TEL CO					
Signature of Authorized Officer or employee: Mary Davis				Digitally signed by Mary Davis DN:cn=Mary Davis,email=patelco@ovalinternet.net,O=pennsylvania tel co,l= , Date:5/19/2014	
				Date: 5/19/2014	
Printed name of Authorized Officer or employee: Mary Davis					
Title or position of Authorized Officer or employee: Vice President					
Telephone number of Authorized Officer or employee: 570-745-7101					
Study Area Code of Reporting Carrier	170197		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: PYMATUNING IND TEL					
Signature of Authorized Officer or employee: Deborah Nobles				Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=pymatuning ind tel,lc=, Date:5/19/2014	
Date: 5/19/2014					
Printed name of Authorized Officer or employee: Deborah Nobles					
Title or position of Authorized Officer or employee: VP Regulatory Affairs					
Telephone number of Authorized Officer or employee: 904-688-0029					
Study Area Code of Reporting Carrier	170200		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

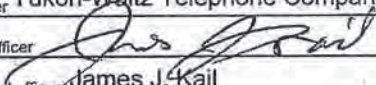
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
Name of Reporting Carrier South Canaan Telephone Company				
Signature of authorized officer 			Date	05/16/14
Printed name of authorized officer James J. Kail				
Title or position of authorized officer President/CEO				
Telephone number of authorized officer: (724) 593-2411 ext.				
Study Area Code of Reporting Carrier	170205	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">VENUS TEL CORP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Janice Kline</span></p>				<p><small>Digitally signed by Janice Kline DN:cn=Janice Kline,email=jlk@venustel.com,O=venus tel corp,l=Venus PA 16364, Date:5/7/2014</small></p> <p>Date: <span style="color: blue;">5/7/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Janice Kline</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager and Asst. Sec/Treas.</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">814-354-6400</span></p>					
Study Area Code of Reporting Carrier	170210		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier Yukon-Waltz Telephone Company			
Signature of authorized officer 		Date	05/16/14
Printed name of authorized officer James J. Kail			
Title or position of authorized officer President/CEO			
Telephone number of authorized officer: (724) 593-2411 ext.			
Study Area Code of Reporting Carrier	170215	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST SIDE TEL CO-PA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">John Ludenia</span></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel co-pa,l= , Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">V.P. Operations, General manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">304-983-8642</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">170277</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: <b>ARMSTRONG TEL OF MD</b>					
Signature of Authorized Officer or employee: <b>James Ranko</b>				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel of md,lc= , Date:5/19/2014</small> Date: <b>5/19/2014</b>	
Printed name of Authorized Officer or employee: <b>James Ranko</b>					
Title or position of Authorized Officer or employee: <b>Controller</b>					
Telephone number of Authorized Officer or employee: <b>724-283-0925</b>					
Study Area Code of Reporting Carrier	<b>180216</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier <b>Buggs Island Telephone Cooperative</b>			
Signature of authorized officer 		Date	<b>5-20-14</b>
Printed name of authorized officer <b>Jerry Jones</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer <b>(434) 636-2274</b>			
Study Area Code of Reporting Carrier	<b>190219</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: <b>BURKE'S GARDEN TEL</b>					
Signature of Authorized Officer or employee: <b>Missy Lynch</b>				<small>Digitally signed by Missy Lynch DN:cn=Missy Lynch,email=missylynch@bgtco.net,O=burke's garden tel,lc=, Date:5/14/2014</small> Date: <b>5/14/2014</b>	
Printed name of Authorized Officer or employee: <b>Missy Lynch</b>					
Title or position of Authorized Officer or employee: <b>Office Manager/Secretary</b>					
Telephone number of Authorized Officer or employee: <b>276-472-2345</b>					
Study Area Code of Reporting Carrier	<b>190220</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: CITIZENS TEL COOP					
Signature of Authorized Officer or employee: <b>Greg Sapp</b>				Digitally signed by Greg Sapp DN:cn=Greg Sapp,email=gregsapp@citizens.coop,O=citizens tel coop,l=Floyd VA 24091-0137, Date:5/20/2014	
				Date: 5/20/2014	
Printed name of Authorized Officer or employee: Greg Sapp					
Title or position of Authorized Officer or employee: CEO & General Manager					
Telephone number of Authorized Officer or employee: 540-745-2111					
Study Area Code of Reporting Carrier	190225		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: <b>HIGHLAND TEL COOP</b>					
Signature of Authorized Officer or employee: <b>Ruth Newman</b>				<small>Digitally signed by Ruth Newman DN:cn=Ruth Newman,email=newmanr@htcnet.org,O=highland tel coop,l=Monterey VA 24465, Date:5/15/2014</small> Date: <b>5/15/2014</b>	
Printed name of Authorized Officer or employee: <b>Ruth Newman</b>					
Title or position of Authorized Officer or employee: <b>Co-General Manager/Secretary</b>					
Telephone number of Authorized Officer or employee: <b>540-468-2131</b>					
Study Area Code of Reporting Carrier	<b>190237</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: MGW TEL. CO. INC.					
Signature of Authorized Officer or employee: Sheri Smith				<small>Digitally signed by Sheri Smith DN:cn=Sheri Smith,email=sherihsmith@mgwnet.com,O=mgw tel. co. inc.,l= , Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer or employee: Sheri Smith					
Title or position of Authorized Officer or employee: Treasurer					
Telephone number of Authorized Officer or employee: 540-925-5235					
Study Area Code of Reporting Carrier	190238		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NEW HOPE TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Laurie Hensley</span></p>				<p><small>Digitally signed by Laurie Hensley DN:cn=Laurie Hensley,email=lauriehensley@newhopetel.com,O=new hope tel coop,l=New Hope VA 24469, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Laurie Hensley</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">540-363-6277</span></p>					
Study Area Code of Reporting Carrier	190239		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Pembroke Telephone Cooperative	
Signature of authorized officer		<i>Leon A. Law</i>		Date	5-16-14
Printed name of authorized officer		Leon A. Law			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(540) 626-7111 ext.			
Study Area Code of Reporting Carrier	190243	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SCOTT COUNTY COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Daniel Odom</span></p>				<p><small>Digitally signed by Daniel Odom DN:cn=Daniel Odom,email=dano@sctc.org,O=scott county coop,l=Gate City VA 24251, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Daniel Odom</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">276-452-7224</span></p>					
Study Area Code of Reporting Carrier	190248		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LUMOS TEL. BOTETOURT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mary McDermott</span></p>				<p><small>Digitally signed by Mary McDermott DN:cn=Mary McDermott,email=mcdermottm@lumosnet.com,O=lumos tel. botetourt,l=Waynesboro VA 22980, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mary McDermott</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Senior VP, Legal and Regulatory Affairs</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">540-946-8677</span></p>					
Study Area Code of Reporting Carrier	190249		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Thomas Reed</span></p>				<p><small>Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas@ed. emp@hentel@om,O=shenandoah tel co,l= , Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Thomas Reed</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller of Financial Reporting</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">540-984-5295</span></p>					
Study Area Code of Reporting Carrier	190250		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SHENANDOAH - NR</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Thomas Reed</span></p>				<p><small>Digitally signed by Thomas Reed DN:cn=Thomas Reed,email=thomas.reed@emp.shentel.com,O=shenandoah - nr, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Thomas Reed</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller of Financial Reporting</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">540-984-5295</span></p>					
Study Area Code of Reporting Carrier	197251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ARMSTRONG OF WV					
Signature of Authorized Officer or employee: James Ranko				<small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong of wv,l= , Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer or employee: James Ranko					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 724-283-0925					
Study Area Code of Reporting Carrier	200256		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SPRUCE KNOB SENECA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Vickie Colaw</span></p>				<p><small>Digitally signed by Vickie Colaw DN:cn=Vickie Colaw,email=vcolaw@spruceknob.net,O=spruce knob seneca,l=Riverton WV 26814-0100, Date:5/16/2014</small></p>	
<p>Date: <span style="color: blue;">5/16/2014</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Vickie Colaw</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">304-567-2121</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">200257</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: WAR TEL LLC					
Signature of Authorized Officer or employee: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=war tel llc,lc= , Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 256-586-1420					
Study Area Code of Reporting Carrier	200258		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: <b>HARDY TELECOM</b>					
Signature of Authorized Officer or employee: <b>Scott Sherman</b>				Digitally signed by Scott Sherman DN:cn=Scott Sherman,email=ssherman@hardynet.com,O=hardy telecom,l= , Date:5/13/2014	
				Date: <b>5/13/2014</b>	
Printed name of Authorized Officer or employee: <b>Scott Sherman</b>					
Title or position of Authorized Officer or employee: <b>General Manager &amp; CEO</b>					
Telephone number of Authorized Officer or employee: <b>304-897-9911</b>					
Study Area Code of Reporting Carrier	<b>200259</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ARMSTRONG TEL. CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">James Ranko</span></p>				<p><small>Digitally signed by James Ranko DN:cn=James Ranko,email=jranko@agoc.com,O=armstrong tel. co.,l= , Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">James Ranko</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">724-283-0925</span></p>					
Study Area Code of Reporting Carrier	200267		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WEST SIDE TEL-WV</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">John Ludenia</span></p>				<p><small>Digitally signed by John Ludenia DN:cn=John Ludenia,email=jludenia@westsidetel.com,O=west side tel-wv,l= , Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Ludenia</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">V.P. Operations, General manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">304-983-8642</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">200277</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				ITS Telecommunications Systems, Inc.	
Signature of authorized officer			Date		5/20/2014
Printed name of authorized officer			Don Pittman		
Title or position of authorized officer			Vice President/CFO		
Telephone number of authorized officer:			(772) 597-3767		
Study Area Code of Reporting Carrier		210331	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: <b>NORTHEAST FLORIDA</b>					
Signature of Authorized Officer or employee: <b>Deborah Nobles</b>				Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=northeast florida,lc= , Date:5/19/2014	
Date: <b>5/19/2014</b>					
Printed name of Authorized Officer or employee: <b>Deborah Nobles</b>					
Title or position of Authorized Officer or employee: <b>VP Regulatory Affairs</b>					
Telephone number of Authorized Officer or employee: <b>904-688-0029</b>					
Study Area Code of Reporting Carrier	<b>210335</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Valley Telephone Co., LLC**

Signature of authorized officer

Date

**5/9/2014**

Printed name of authorized officer **Bruce Schoonover**

Title or position of authorized officer

**Vice-President Regulatory Compliance**

Telephone number of authorized officer: **(706) 645-8116**

Study Area Code of Reporting Carrier

**220324**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ALMA TEL CO					
Signature of Authorized Officer or employee: Kevin Brooks				Digitally signed by Kevin Brooks DN:cn=Kevin Brooks,email=kbrooks@atcnetworks.net,O=alma tel co,l=Alma GA 31510, Date:5/8/2014	
				Date: 5/8/2014	
Printed name of Authorized Officer or employee: Kevin Brooks					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 912-632-8603					
Study Area Code of Reporting Carrier	220344		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: BRANTLEY TEL CO					
Signature of Authorized Officer or employee: Donovan Strickland				<small>Digitally signed by Donokan Stricvland DN:cn=Donokan Stricvland,email=donos@btconline.net,O=brantley tel co,l=Nahunta GA 51335, Date:3/13/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer or employee: Donovan Strickland					
Title or position of Authorized Officer or employee: Vice President/General Manager					
Telephone number of Authorized Officer or employee: 912-462-5111					
Study Area Code of Reporting Carrier	220347		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

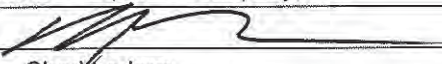
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BULLOCH COUNTY RURAL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Scott</span></p>				<p><small>Digitally signed by John Scott DN:cn=John Scott,email=johnscott@bulloch.net,O=bulloch county rural, Date: 5/8/2014</small></p>	
<p>Date: <span style="color: blue;">5/8/2014</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Scott</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/COO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">912-865-1100</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220348</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHICKAMAUGA TEL CORP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Charles Fail</span></p>				<p><small>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charief@nexband.com,O=chickamauga tel corp,l=Bay Springs MS 39422, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Charles Fail</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">601-764-3463</span></p>					
Study Area Code of Reporting Carrier	220354		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
Name of Reporting Carrier Citizens Telephone Company, Inc.				
Signature of authorized officer 			Date	5/8/2014
Printed name of authorized officer Chad Ledger				
Title or position of authorized officer General Manager				
Telephone number of authorized officer: (229) 874-4145 ext.				
Study Area Code of Reporting Carrier		220355	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
Name of Reporting Carrier Darien Telephone Co., Inc.				
Signature of authorized officer <i>Mary Lou Forsyth</i>		Date 5-9-2014		
Printed name of authorized officer Mary Lou Forsyth				
Title or position of authorized officer President				
Telephone number of authorized officer: (912) 437-6611 ext.				
Study Area Code of Reporting Carrier	220358	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GLENWOOD TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Janice O'Brien</span></p>				<p><small>Digitally signed by Janice O'Brien DN:cn=Janice O'Brien,email=jeogtc@glenwoodtelephone.com,O=glenwood tel co,l=Glenwood GA 30428-0235, Date:5/8/2014</small></p> <p>Date: <span style="color: blue;">5/8/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Janice O'Brien</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">912-523-5111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<p>220365</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <b>Hart Telephone Company</b>			
Signature of authorized officer <i>Randy Daniel</i>		Date	<b>05/08/2014</b>
Printed name of authorized officer <b>Randy Daniel</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(706) 376-4701</b>			
Study Area Code of Reporting Carrier	<b>220368</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>			
Name of Reporting Carrier <b>ComSouth Telecommunications, Inc.</b>			
Signature of authorized officer 		Date <b>05/19/2014</b>	
Printed name of authorized officer <b>Scott Obert-Thorn</b>			
Title or position of authorized officer <b>CFO</b>			
Telephone number of authorized officer <b>(478) 783-4001</b>			
Study Area Code of Reporting Carrier <b>220369</b>		Filing Due Date for this form (mm/dd/yyyy) <b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PEMBROKE TEL CO</span></p>					
<p style="text-align: center;"><b>Mary Anna Hite</b></p>				<small>Digitally signed by Mary Anna Hite DN:cn=Mary Anna Hite,email=mahite@pemtelo.com,O=pembroke tel co,l=Pembroke GA 31321, Date:5/19/2014</small>	
<p>Signature of Authorized Officer or employee:</p>				<p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mary Anna Hite</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary-Treasurer/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">912-653-4389</span></p>					
Study Area Code of Reporting Carrier	220376		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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


Name of Reporting Carrier	Pineland Telephone Cooperative Inc.		
Signature of authorized officer	<i>Dustin Purden</i>	Date	5/8/14
Printed name of authorized officer	Dustin Purden		
Title or position of authorized officer	Executive VP		
Telephone number of authorized officer:	92685221 ext.		
Study Area Code of Reporting Carrier	220377	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: PLANTERS RURAL COOP					
Signature of Authorized Officer or employee: John Lacienski				Digitally signed by John Lacienski DN:cn=John Lacienski,email=jclacien@planters.net,O=planters rural coop,l=Newington GA 30446, Date:5/16/2014	
				Date: 5/16/2014	
Printed name of Authorized Officer or employee: John Lacienski					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 912-857-4411					
Study Area Code of Reporting Carrier	220378		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
Name of Reporting Carrier PLANT TELEPHONE COMPANY				
Signature of authorized officer 			Date	05/08/2014
Printed name of authorized officer DANNY E. STERLING				
Title or position of authorized officer PRESIDENT & GENERAL MANAGER				
Telephone number of authorized officer: (229) 528-4777 ext.				
Study Area Code of Reporting Carrier	220379	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: PROGRESSIVE RURAL					
Signature of Authorized Officer or employee: Wayne Dixon				Digitally signed by Wayne Dixon DN:cn=Wayne Dixon,email=swdixon@progressivetel.com,O=progressive rural,l=Rentz GA 31075, Date:5/9/2014	
				Date: 5/9/2014	
Printed name of Authorized Officer or employee: Wayne Dixon					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 478-984-4201					
Study Area Code of Reporting Carrier	220380		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Public Service Telephone Company	
Signature of authorized officer			Date		05/15/14
Printed name of authorized officer			James L. Bond		
Title or position of authorized officer			President		
Telephone number of authorized officer: (478) 847-4111 ext. 6520					
Study Area Code of Reporting Carrier		220381	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Ringgold Telephone Company	
Signature of authorized officer			Date		5/12/2014
Printed name of authorized officer			Lisa K. Dukes		
Title or position of authorized officer			Chief Financial Officer		
Telephone number of authorized officer:			(706) 965-2345 ext.		
Study Area Code of Reporting Carrier		220382	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier:      <b>TRENTON TEL CO</b></p>					
<p style="text-align: center;"><b>Steven Tatum</b></p> <p>Signature of Authorized Officer or employee:</p>				<small>Digitally signed by Steven Tatum DN:cn=Steven Tatum,email=statum@tvn.net,O=trenton tel co,l= , Date:5/8/2014</small>  <p>Date:      <b>5/8/2014</b></p>	
<p>Printed name of Authorized Officer or employee:      <b>Steven Tatum</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>706-657-4367</b></p>					
Study Area Code of Reporting Carrier	<b>220389</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: WAVERLY HALL, LLC					
Signature of Authorized Officer or employee: Robert Jones				Digitally signed by Robert Jones DN:cn=Robert Jones,email=rjones@wavetel.us,O=waverly hall, llc,l=Waverly Hall GA 31831, Date:5/9/2014	
				Date: 5/9/2014	
Printed name of Authorized Officer or employee: Robert Jones					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 706-582-3333					
Study Area Code of Reporting Carrier	220392		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WILKES TEL &amp; ELC CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">George Dyson</span></p>				<p><small>Digitally signed by George Dyson DN:cn=George Dyson,email=gad@nu-z.net,O=wilkes tel &amp; elc co,l=Washington GA 30673, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">George Dyson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/Owner</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">706-678-9544</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">220394</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
Name of Reporting Carrier: Ellerbe Telephone Company				
Signature of authorized officer: <i>Jeffrey W. Long</i>		Date: 5/19/2014		
Printed name of authorized officer: Jeffrey W. Long				
Title or position of authorized officer: Vice President				
Telephone number of authorized officer: (910) 652-2221				
Study Area Code of Reporting Carrier: 230478		Filing Due Date for this form (mm/dd/yyyy): 6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
Name of Reporting Carrier North State Telephone dba North State Communications				
Signature of authorized officer <i>Lynn B. Welborn</i>			Date	05/20/14
Printed name of authorized officer Lynn B. Welborn				
Title or position of authorized officer Vice President - Administration				
Telephone number of authorized officer: (336) 886-3766				
Study Area Code of Reporting Carrier	230491	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Town of Pineville dba Pineville Telephone Co	
Signature of authorized officer			Date		5-20-14
Printed name of authorized officer					
Gary W. Creech					
Title or position of authorized officer					
General Manager					
Telephone number of authorized officer: 704.889.201 ext.					
Study Area Code of Reporting Carrier		230494		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Randolph Telephone Membership Corporation	
Signature of authorized officer				Date	05/15/2014
Printed name of authorized officer		Frankie L. Cagle			
Title or position of authorized officer		CEO/General Manager			
Telephone number of authorized officer:		(336) 879-7973			
Study Area Code of Reporting Carrier	230496		Filing Due Date for this form (mm dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: <b>SURRY MEMBERSHIP</b>					
Signature of Authorized Officer or employee: <b>Curtis Taylor</b>				Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/14/2014	
Date: <b>5/14/2014</b>					
Printed name of Authorized Officer or employee: <b>Curtis Taylor</b>					
Title or position of Authorized Officer or employee: <b>CEO</b>					
Telephone number of Authorized Officer or employee: <b>336-374-4535</b>					
Study Area Code of Reporting Carrier	<b>230497</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: <b>STAR MEMBERSHIP CORP</b>					
Signature of Authorized Officer or employee: <b>Lyman Horne</b>				Digitally signed by Lyman Horne DN:cn=Lyman Horne,email=lmhorne@stmc.net,O=star membership corp,l=Clinton NC 28328, Date:5/13/2014	
Date: <b>5/13/2014</b>					
Printed name of Authorized Officer or employee: <b>Lyman Horne</b>					
Title or position of Authorized Officer or employee: <b>EVP &amp; General Manager</b>					
Telephone number of Authorized Officer or employee: <b>910-564-7827</b>					
Study Area Code of Reporting Carrier	<b>230502</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: <b>SURRY MEMBERSHIP</b>					
Signature of Authorized Officer or employee: <b>Curtis Taylor</b>				Digitally signed by Curtis Taylor DN:cn=Curtis Taylor,email=ctaylor@surry.net,O=surry membership,l=Dobson NC 27017, Date:5/14/2014	
Date: <b>5/14/2014</b>					
Printed name of Authorized Officer or employee: <b>Curtis Taylor</b>					
Title or position of Authorized Officer or employee: <b>CEO</b>					
Telephone number of Authorized Officer or employee: <b>336-374-4535</b>					
Study Area Code of Reporting Carrier	<b>230503</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				TriCounty Telephone Membership Corp	
Signature of authorized officer				Date	5-19-14
Printed name of authorized officer		Gregory S Coltrain			
Title or position of authorized officer		CEO/General Manager			
Telephone number of authorized officer:		(252) 964-8000 ext.			
Study Area Code of Reporting Carrier	230505	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>			
Name of Reporting Carrier <b>Wilkes Telephone Membership Corporation</b>			
Signature of authorized officer 		Date	<b>May 8, 2014</b>
Printed name of authorized officer <b>Eric S. Cramer</b>			
Title or position of authorized officer <b>Chief Executive Officer / General Manager</b>			
Telephone number of authorized officer: <b>(336) 973-3103</b> , Ext.			
Study Area Code of Reporting Carrier	<b>230510</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PALMETTO RURAL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Dewaine Wilson</span></p>				<p><small>Digitally signed by Dewaine Wilson DN:cn=Dewaine Wilson,email=dewaine.wilson@prtc.coop,O=palmetto rural coop, Date:5/13/2014</small></p>	
<p>Date: <span style="color: blue;">5/13/2014</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dewaine Wilson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">843 538-9382</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">240536</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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 AN OFFICER OF THE REPORTING CARRIER

<p><b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b></p> <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>			
Name of Reporting Carrier <b>Piedmont Rural Telephone Cooperative, Inc.</b>			
Signature of authorized officer <i>Randal J. Odom</i>		Date	<b>5-8-14</b>
Printed name of authorized officer <b>Randal J. Odom</b>			
Title or position of authorized officer <b>Chief Executive Officer</b>			
Telephone number of authorized officer: <b>(864) 682-3131</b>			
Study Area Code of Reporting Carrier	<b>240538</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: PBT TELECOM, INC.					
Signature of Authorized Officer or employee: L. Spearman				<small>Digitally signed by L. Spearman DN:cn=L. Spearman,email=bspearman@pbttl.net,O=pbt telecom, inc.,l= , Date:5/7/2014</small> Date: 5/7/2014	
Printed name of Authorized Officer or employee: L. Spearman					
Title or position of Authorized Officer or employee: Director of Business Development					
Telephone number of Authorized Officer or employee: 803-894-1104					
Study Area Code of Reporting Carrier	240539		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SANDHILL TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Lee Chambers</span></p>				<p><small>Digitally signed by Lee Chambers DN:cn=Lee Chambers,email=lee.chambers@shtc.net,O=sandhill tel coop,l=Jefferson SC 29718, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Lee Chambers</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">843-658-6379</span></p>					
Study Area Code of Reporting Carrier	240546		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: WEST CAROLINA RURAL					
Signature of Authorized Officer or employee: Jeff Wilson				Digitally signed by Jeff Wilson DN:cn=Jeff Wilson,email=jeff.wilson@wctel.net,O=west carolina rural,l=Abbeville SC 29620-0610, Date:5/16/2014	
Date: 5/16/2014					
Printed name of Authorized Officer or employee: Jeff Wilson					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 864-446-9251					
Study Area Code of Reporting Carrier	240550		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: BLOUNTSVILLE TEL LLC					
Signature of Authorized Officer or employee: Dennis Andrews				Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=blountsville tel llc,l= , Date:5/15/2014	
Date: 5/15/2014					
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 256-586-1420					
Study Area Code of Reporting Carrier	250282		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

5-5

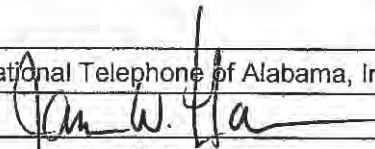
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §1.917(d)(vi).			
Name of Reporting Carrier	Castleberry Telephone Co., Inc.		
Signature of authorized officer	<i>Homer Holland</i>	Date	5-12-14
Printed name of authorized officer	Homer Holland		
Title or position of authorized officer	Sec/Treas		
Telephone number of authorized officer	(251) 966-2115		
Study Area Code of Reporting Carrier	250285	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier	National Telephone of Alabama, Inc.		
Signature of authorized officer		Date	05/14/2014
Printed name of authorized officer	James W. Garner		
Title or position of authorized officer	Vice President of Operations		
Telephone number of authorized officer:	(601) 354-9070 ext.		
Study Area Code of Reporting Carrier	250286	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Farmers Telecommunications Cooperative, Inc.	
Signature of authorized officer			Date		05/19/2014
Printed name of authorized officer			Tyler Pair		
Title or position of authorized officer			Chief Financial Officer		
Telephone number of authorized officer:			(256) 638-2144 ext.		
Study Area Code of Reporting Carrier		250290	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Knology Total Communications, Inc.**

Signature of authorized officer



Date

**5/9/2014**

Printed name of authorized officer

**Bruce Schoonover**

Title or position of authorized officer

**Vice-President Regulatory Compliance**

Telephone number of authorized officer: **(706) 645-8116**

ext.

Study Area Code of Reporting Carrier

**250295**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: HAYNEVILLE TEL CO					
Signature of Authorized Officer or employee: Evelyn Causey				Digitally signed by Evelyn Causey DN:cn=Evelyn Causey,email=ecausey@htcnet.net,O=hayneville tel co,l=Hayneville AL 36040, Date:5/20/2014	
				Date: 5/20/2014	
Printed name of Authorized Officer or employee: Evelyn Causey					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 334-548-2101					
Study Area Code of Reporting Carrier	250299		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: HOPPER TELECOMM. LLC					
Signature of Authorized Officer or employee: Dennis Andrews				<small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=hopper telecomm. llc,l= , Date:5/15/2014</small> Date: 5/15/2014	
Printed name of Authorized Officer or employee: Dennis Andrews					
Title or position of Authorized Officer or employee: Sr Vice President					
Telephone number of Authorized Officer or employee: 256-586-1420					
Study Area Code of Reporting Carrier	250300		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <b>MILLRY TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Bobby Williams</b></p>				<p>Digitally signed by Bobby Williams DN:cn=Bobby Williams,email=bobbywilliams@millry.net,O=millry tel co,l=Millry AL 36558-0561, Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Bobby Williams</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President and Assistant Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>251-846-2911</b></p>					
Study Area Code of Reporting Carrier	<b>250304</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: MON-CRE TEL COOP					
Signature of Authorized Officer or employee: Teresa Rich				Digitally signed by Teresa Rich DN:cn=Teresa Rich,email=teresa@mon-cre.net,O=mon-cre tel coop,l=Ramer AL 36069, Date:5/16/2014	
Date: 5/16/2014					
Printed name of Authorized Officer or employee: Teresa Rich					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 334-562-3242					
Study Area Code of Reporting Carrier	250305		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

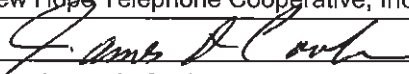
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: MOUNDVILLE TEL CO					
Signature of Authorized Officer or employee: R. Taylor				Digitally signed by R. Taylor DN:cn=R. Taylor,email=scott@mound.net,O=moundville tel co,l=Moundville AL 35474, Date:5/13/2014	
				Date: 5/13/2014	
Printed name of Authorized Officer or employee: R. Taylor					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 205-371-9011					
Study Area Code of Reporting Carrier	250307		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				New Hope Telephone Cooperative, Inc	
Signature of authorized officer				Date	5/19/14
Printed name of authorized officer		James D Cook			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(256) 723-4211 ext.			
Study Area Code of Reporting Carrier	250308	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: PINE BELT TEL CO					
Signature of Authorized Officer or employee: John Nettles				Digitally signed by John Nettles DN:cn=John Nettles,email=john@pinebelt.net,O=pine belt tel co,l=Arlington AL 36722, Date:5/19/2014	
				Date: 5/19/2014	
Printed name of Authorized Officer or employee: John Nettles					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 334-385-2106					
Study Area Code of Reporting Carrier	250315		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">RAGLAND TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Peggy Dickinson</span></p>				<p><small>Digitally signed by Peggy Dickinson DN:cn=Peggy Dickinson,email=peggydickinson@ragland.net,O=ragland tel co,l=Ragland AL 35131, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Peggy Dickinson</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">205-472-2141</span></p>					
Study Area Code of Reporting Carrier	250316		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Roanoke Telephone Company, Inc.	
Signature of authorized officer			Date		05/14/2014
Printed name of authorized officer			James W. Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer: (601) 354-9070 ext.					
Study Area Code of Reporting Carrier		250317	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <b>UNION SPRINGS TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Larry Grogan</b></p>				<p>Digitally signed by Larry Grogan DN:cn=Larry Grogan,email=lcgrogan@ustconline.net,O=union springs tel co,l=Union Springs AL 36089, Date:5/12/2014</p>	
<p>Date: <b>5/12/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Larry Grogan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>334-738-4400</b></p>					
Study Area Code of Reporting Carrier	<b>250322</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BALLARD RURAL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Randy Grogan</span></p>				<p><small>Digitally signed by Randy Grogan DN:cn=Randy Grogan,email=rgrogan@brtc.net,O=ballard rural coop,l=La Center KY 42056, Date:5/20/2014</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Randy Grogan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">270-665-5186</span></p>					
Study Area Code of Reporting Carrier	260396		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier		Brandenburg Telephone Co. Inc.	
Signature of authorized officer		Date	5-20-14
Printed name of authorized officer		Allison Wilhoughby	
Title or position of authorized officer		General Manager	
Telephone number of authorized officer		270,422 2121 ext.	
Study Area Code of Reporting Carrier	260398	Filing Due Date for this form (mm/dd/yyyy)	6/18/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUO COUNTY TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Daryl Hammond</span></p>				<p><small>Digitally signed by Daryl Hammond DN:cn=Daryl Hammond,email=dhammond@duotel.com,O=duo county tel coop,l=Jamestown KY 42629, Date:5/15/2014</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Daryl Hammond</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">270-343-3131</span></p>					
Study Area Code of Reporting Carrier	260401		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: <b>FOOTHILLS RURAL COOP</b>					
Signature of Authorized Officer or employee: <b>Ruth Conley</b>				Digitally signed by Ruth Conley DN:cn=Ruth Conley,email=ruthc@foothills.coop,O=foothills rural coop,l=Staffordsville KY 41256, Date:5/19/2014	
Date: <b>5/19/2014</b>					
Printed name of Authorized Officer or employee: <b>Ruth Conley</b>					
Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b>					
Telephone number of Authorized Officer or employee: <b>606-297-9131</b>					
Study Area Code of Reporting Carrier	<b>260406</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <b>LOGAN TEL. COOP. INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Gregory Hale</b></p>				<p>Digitally signed by Gregory Hale DN:cn=Gregory Hale,email=ghale@loganphone.com,O=logan tel. coop. inc,l=Auburn KY 42206, Date:5/12/2014</p>	
<p>Date: <b>5/12/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Gregory Hale</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/Executive V.P.</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>270-542-4121</b></p>					
Study Area Code of Reporting Carrier	<b>260413</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Mountain Rural Telephone Coop. Corp., Inc.	
Signature of authorized officer			Date		05/19/2014
Printed name of authorized officer			Jimmie Jones		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(606) 743-3121 ext.		
Study Area Code of Reporting Carrier		260414	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

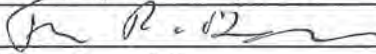
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: PEOPLES RURAL COOP					
Signature of Authorized Officer or employee: Keith Gabbard				Digitally signed by Keith Gabbard DN:cn=Keith Gabbard,email=keith.gabbard@prtc.org,O=peoples rural coop,l=McKee KY 40447, Date:5/13/2014	
				Date: 5/13/2014	
Printed name of Authorized Officer or employee: Keith Gabbard					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 606-287-7101					
Study Area Code of Reporting Carrier	260415		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: THACKER/GRIGSBY TEL					
Signature of Authorized Officer or employee: William Grigsby				<small>Digitally signed by William Grigsby DN:cn=William Grigsby,email=b.grigsby@tgtel.com,O=thacker/grigsby tel,l=Hindman KY 41822, Date:5/12/2014</small> Date: 5/12/2014	
Printed name of Authorized Officer or employee: William Grigsby					
Title or position of Authorized Officer or employee: Vice-President/General Manager					
Telephone number of Authorized Officer or employee: 606-785-9500					
Study Area Code of Reporting Carrier	260419		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier <b>West Kentucky Rural Cooperative</b>			
Signature of authorized officer 		Date	<b>05/19/2014</b>
Printed name of authorized officer <b>Trevor Bonnstetter</b>			
Title or position of authorized officer <b>Chief Executive Officer</b>			
Telephone number of authorized officer: <b>(270) 674-1000</b>			
Study Area Code of Reporting Carrier	<b>260421</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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.			



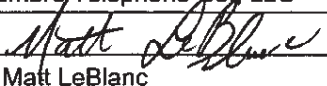
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: CAMERON TEL CO - LA					
Signature of Authorized Officer or employee: Bruce Petry				Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co - la,l=Sulphur LA 70664-0167, Date:5/12/2014	
				Date: 5/12/2014	
Printed name of Authorized Officer or employee: Bruce Petry					
Title or position of Authorized Officer or employee: President/General Manager					
Telephone number of Authorized Officer or employee: 337-583-2092					
Study Area Code of Reporting Carrier	270425		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: CAMPTI-PLEASANT HILL					
Signature of Authorized Officer or employee: Tom Edens				Digitally signed by Tom Edens DN:cn=Tom Edens,email=tom@cp-tel.com,O=campti-pleasant hill,l=Natchitoches LA 71457, Date:5/16/2014	
				Date: 5/16/2014	
Printed name of Authorized Officer or employee: Tom Edens					
Title or position of Authorized Officer or employee: CEO					
Telephone number of Authorized Officer or employee: 318-352-0014					
Study Area Code of Reporting Carrier	270426		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vi).			
Name of Reporting Carrier Delcambre Telephone Co. LLC			
Signature of authorized officer 		Date	5/8/2014
Printed name of authorized officer Matt LeBlanc			
Title or position of authorized officer President			
Telephone number of authorized officer: (337) 685-2311 ext.			
Study Area Code of Reporting Carrier	270428	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ELIZABETH TEL CO					
Signature of Authorized Officer or employee: Bruce Petry				Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=elizabeth tel co,l=Sulphur LA 70664-0167, Date:5/12/2014	
				Date: 5/12/2014	
Printed name of Authorized Officer or employee: Bruce Petry					
Title or position of Authorized Officer or employee: President/General Manager					
Telephone number of Authorized Officer or employee: 337-583-2092					
Study Area Code of Reporting Carrier	270430		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier	Kaplan Telephone Company		
Signature of authorized officer		Date	05/13/2014
Printed name of authorized officer	Richard Constantin		
Title or position of authorized officer	Controller		
Telephone number of authorized officer:	(337) 643-7171 ext.		
Study Area Code of Reporting Carrier	270432	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: LAFOURCHE TEL CO					
Signature of Authorized Officer or employee: Peter Louviere				<small>Digitally signed by Peter Louviere DN:cn=Peter Louviere,email=peter.louviere@corp.viscom.net,O=lafourche tel co,l=Larose LA 70373, Date:5/18/2014</small> Date: 5/18/2014	
Printed name of Authorized Officer or employee: Peter Louviere					
Title or position of Authorized Officer or employee: Chief Financial Officer					
Telephone number of Authorized Officer or employee: 985-693-0265					
Study Area Code of Reporting Carrier	270433		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: NORTHEAST LOUISIANA					
Signature of Authorized Officer or employee: Mike George				Digitally signed by Mike George DN:cn=Mike George,email=mgeorge@ne-tel.com,O=northeast louisiana,j=Collinston LA 71229, Date:5/9/2014	
				Date: 5/9/2014	
Printed name of Authorized Officer or employee: Mike George					
Title or position of Authorized Officer or employee: President / General Manager					
Telephone number of Authorized Officer or employee: 318-874-7011					
Study Area Code of Reporting Carrier	270435		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: RESERVE TEL CO					
Signature of Authorized Officer or employee: Scott Small				Digitally signed by Scott Small DN:cn=Scott Small,email=ssmall@rtconline.com,O=reserve tel co,l=Reserve LA 70084-0519, Date:5/20/2014	
				Date: 5/20/2014	
Printed name of Authorized Officer or employee: Scott Small					
Title or position of Authorized Officer or employee: Vice President/CFO					
Telephone number of Authorized Officer or employee: 985-536-1326					
Study Area Code of Reporting Carrier	270438		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: STAR TEL CO					
Signature of Authorized Officer or employee: Rebecca Knighten				Digitally signed by Rebecca Knighten DN:cn=Rebecca Knighten,email=rebeccaknighten@star.brcoxmail.com,O=star tel co,l= , Date:5/20/2014	
Date: 5/20/2014					
Printed name of Authorized Officer or employee: Rebecca Knighten					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 225-926-0191					
Study Area Code of Reporting Carrier	270441		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Bay Springs Telephone Company, Inc.	
Signature of authorized officer			Date		05/14/2014
Printed name of authorized officer			James W. Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer:			(601) 354-9070 ext.		
Study Area Code of Reporting Carrier		280446	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <b>BRUCE TEL CO - MS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Charles Fail</b></p>				<p>Digitally signed by Charles Fail DN:cn=Charles Fail,email=charief@nexband.com,O=bruce tel co - ms,l=Bay Springs MS 39422, Date:5/15/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Charles Fail</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>601-764-3463</b></p>					
Study Area Code of Reporting Carrier	<b>280447</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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>					

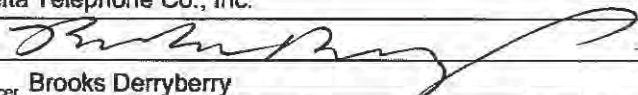
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier:      <b>DECATUR TEL CO -MS</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Esther Smith</b></p>				<p><small>Digitally signed by Esther Smith DN:cn=Esther Smith,email=esther@decaturtelephone.com,O=decatur tel co -ms,l=Decatur MS 39327, Date:5/13/2014</small></p>	
<p>Date:      <b>5/13/2014</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Esther Smith</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>601-635-2251</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>280451</b></p>	<p><b></b></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	<p><b></b></p>
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <b>Delta Telephone Co., Inc.</b>			
Signature of authorized officer 		Date <b>05/15/2014</b>	
Printed name of authorized officer <b>Brooks Derryberry</b>			
Title or position of authorized officer <b>Vice President/General Manager</b>			
Telephone number of authorized officer: <b>(601) 355-1522</b> ext.			
Study Area Code of Reporting Carrier	<b>280452</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>			
Name of Reporting Carrier <b>Franklin Telephone Co., Inc.</b>			
Signature of authorized officer <i>James H. Creekmore Sr.</i>		Date	<b>05/15/2014</b>
Printed name of authorized officer <b>James H. Creekmore</b>			
Title or position of authorized officer <b>Vice President</b>			
Telephone number of authorized officer: <b>(601) 355-1522</b>			
Study Area Code of Reporting Carrier	<b>280454</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: FULTON TEL CO					
Signature of Authorized Officer or employee: Charles Fail				Digitally signed by Charles Fail DN:cn=Charles Fail,email=charief@nexband.com,O=fulton tel co,l=Bay Springs MS 39422, Date:5/15/2014	
Date: 5/15/2014					
Printed name of Authorized Officer or employee: Charles Fail					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 601-764-3463					
Study Area Code of Reporting Carrier	280455		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">GEORGETOWN TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Joie Miller</span></p>				<p>Digitally signed by Joie Miller DN:cn=Joie Miller,email=jmiller@gtlco.com,O=georgetown tel co,l=Georgetown MS 39078, Date:5/15/2014</p>	
<p>Date: <span style="color: blue;">5/15/2014</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Joie Miller</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">601-858-2211</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">280456</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: LAKESIDE TEL. CO.					
Signature of Authorized Officer or employee: Robert Sledge Jr.				Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=lakeside tel. co.,l=Sunflower MS 38778, Date:5/13/2014 Date: 5/13/2014	
Printed name of Authorized Officer or employee: Robert Sledge Jr.					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 662-569-3311					
Study Area Code of Reporting Carrier	280457		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: NOXAPATER TEL CO					
Signature of Authorized Officer or employee: John Pearce				Digitally signed by John Pearce DN:cn=John Pearce,email=jpearce@bayspringstel.net,O=noxapater tel co,l=Bay Springs MS 39422, Date:5/14/2014	
				Date: 5/14/2014	
Printed name of Authorized Officer or employee: John Pearce					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 601-764-3171					
Study Area Code of Reporting Carrier	280461		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: MOUND BAYOU TEL & CO					
Signature of Authorized Officer or employee: Charles Fail				Digitally signed by Charles Fail DN:cn=Charles Fail,email=charief@nexband.com,O=mound bayou tel & co,l=Bay Springs MS 39422, Date:5/15/2014	
				Date: 5/15/2014	
Printed name of Authorized Officer or employee: Charles Fail					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 601-764-3463					
Study Area Code of Reporting Carrier	280462		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: SLEDGE TEL CO					
Signature of Authorized Officer or employee: Robert Sledge Jr.				Digitally signed by Robert Sledge Jr. DN:cn=Robert Sledge Jr.,email=rsledge@deltaland.net,O=sledge tel co,l=Sunflower MS 38778, Date:5/13/2014	
Date: 5/13/2014					
Printed name of Authorized Officer or employee: Robert Sledge Jr.					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 662-569-3311					
Study Area Code of Reporting Carrier	280466		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: SMITHVILLE TEL CO					
Signature of Authorized Officer or employee: Roger Thompson				Digitally signed by Roger Thompson DN:cn=Roger Thompson,email=robert@traceroad.net,O=smithville tel co,l=Smithville MS 38870, Date:5/13/2014	
				Date: 5/13/2014	
Printed name of Authorized Officer or employee: Roger Thompson					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 662-651-4131					
Study Area Code of Reporting Carrier	280467		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ARDMORE TEL CO					
Signature of Authorized Officer or employee: Trevor Bonnstetter				<small>Digitally signed by Trevor Bonnstetter DN:cn=Trevor Bonnstetter,email=tbonn@wk.net,O=ardmore tel co,l=Mayfield KY 42066-0649, Date:5/12/2014</small> Date: 5/12/2014	
Printed name of Authorized Officer or employee: Trevor Bonnstetter					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 270-674-1000					
Study Area Code of Reporting Carrier	290280		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier Ben Lomand Rural Telephone Cooperative, Inc.

Signature of authorized officer

*Ray Cantrell*

Date

5/7/2014

Printed name of authorized officer

Ray Cantrell

Title or position of authorized officer

Chief Executive Officer

Telephone number of authorized officer: (931) 668-4131 ext.

Study Area Code of Reporting Carrier

290553

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier Bledsoe Telephone Cooperative, Inc.			
Signature of authorized officer <i>John Lee Downey</i>		Date	5-19-14
Printed name of authorized officer John Lee Downey			
Title or position of authorized officer President			
Telephone number of authorized officer: (423) 447-2121 ext.			
Study Area Code of Reporting Carrier	290554	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Crockett Telephone Company, Inc.	
Signature of authorized officer			Date		05/14/2014
Printed name of authorized officer			James W. Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer: (601) 354-9070 ext.					
Study Area Code of Reporting Carrier		290561	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014

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

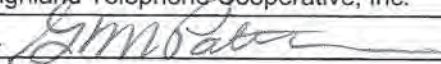
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: DEKALB TEL COOP					
Signature of Authorized Officer or employee: Denise Brown				Digitally signed by Denise Brown DN:cn=Denise Brown,email=djb54@dtccom.net,O=dekalb tel coop,l=Alexandria TN 37012, Date:5/8/2014	
				Date: 5/8/2014	
Printed name of Authorized Officer or employee: Denise Brown					
Title or position of Authorized Officer or employee: Controller					
Telephone number of Authorized Officer or employee: 615-464-2218					
Study Area Code of Reporting Carrier	290562		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Highland Telephone Cooperative, Inc.			
Signature of authorized officer: 		Date:	5/20/2014
Printed name of authorized officer: G Mark Patterson			
Title or position of authorized officer: Chief Operating Officer / General Manager			
Telephone number of authorized officer: (423) 628-2121 Ext.			
Study Area Code of Reporting Carrier	290565	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <i>Loretto Telephone Company Inc</i>			
Signature of authorized officer <i>Desda Hutchins</i>		Date <i>05/21/14</i>	
Printed name of authorized officer <i>Desda Hutchins</i>			
Title or position of authorized officer <i>Chief Financial Officer</i>			
Telephone number of authorized officer: <i>931853-4351</i>			
Study Area Code of Reporting Carrier	<i>290570</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2014</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.			

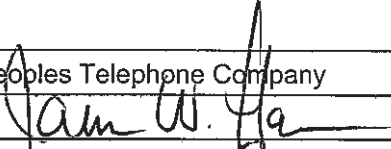
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTH CENTRAL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Johnny McClanahan</span></p>				<p><small>Digitally signed by Johnny McClanahan DN:cn=Johnny McClanahan,email=johnny.mcclanahan@nctc.com,O=north central coop,l=Lafayette TN 37083, Date:5/9/2014</small></p> <p>Date: <span style="color: blue;">5/9/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Johnny McClanahan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">VP Finance and Adm. Services</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">615-666-2151</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">290573</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Peoples Telephone Company	
Signature of authorized officer				Date	05/14/2014
Printed name of authorized officer		James W. Garner			
Title or position of authorized officer		Vice President of Operations			
Telephone number of authorized officer: (601) 354-9070 ext.					
Study Area Code of Reporting Carrier		290576	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: TWIN LAKES TEL COOP					
Signature of Authorized Officer or employee: Jonathan West				Digitally signed by Jonathan West DN:cn=Jonathan West,email=jwest@twlakes.coop,O=twin lakes tel coop,l=Gainesboro TN 38562, Date:5/19/2014	
Date: 5/19/2014					
Printed name of Authorized Officer or employee: Jonathan West					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 931-268-2151					
Study Area Code of Reporting Carrier	290579		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">UTC-TN-UNITED COMM</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Tommy Welch</span></p>				<p><small>Digitally signed by Tommy Welch DN:cn=Tommy Welch,email=twelch@utcoffice.net,O=utc-tn-united comm,l=Chapel Hill TN 37034, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Tommy Welch</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Finance and Administration Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">931-364-4324</span></p>					
Study Area Code of Reporting Carrier	290581		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

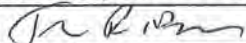
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier				West Tennessee Telephone Company, Inc.	
Signature of authorized officer			Date		05/14/2014
Printed name of authorized officer			James W. Garner		
Title or position of authorized officer			Vice President of Operations		
Telephone number of authorized officer:			(601) 354-9070 ext.		
Study Area Code of Reporting Carrier		290583	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier <b>West Kentucky Rural Cooperative - Yorkville</b>			
Signature of authorized officer 		Date	<b>05/19/2014</b>
Printed name of authorized officer <b>Trevor Bonnstetter</b>			
Title or position of authorized officer <b>Chief Executive Officer</b>			
Telephone number of authorized officer: <b>(270) 674-1000</b>			
Study Area Code of Reporting Carrier	<b>290598</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: THE ARTHUR MUTUAL					
Signature of Authorized Officer or employee: Eric Roughton				Digitally signed by Eric Roughton DN:cn=Eric Roughton,email=artelco@bright.net,O=the arthur mutual,lc=, Date:5/19/2014	
Date: 5/19/2014					
Printed name of Authorized Officer or employee: Eric Roughton					
Title or position of Authorized Officer or employee: General Manager/Sec'y/Treasurer					
Telephone number of Authorized Officer or employee: 419-393-2233					
Study Area Code of Reporting Carrier	300586		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier:      <b>AYERSVILLE TEL CO</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Phil Maag</b></p>				<p>Digitally signed by Phil Maag DN:cnvPhil Maag=mailvpmaag, ayers@letelco.com=Ovayers@le tel co#v =Date:5/7/2014</p>	
<p>Date:      <b>5/7/2014</b></p>					
<p>Printed name of Authorized Officer or employee:      <b>Phil Maag</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>419-395-2222</b></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><b>300588</b></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><b>6/16/2014</b></p>	<p></p>
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: BASCOM MUTUAL TEL CO					
Signature of Authorized Officer or employee: Kathy Reinhart				Digitally signed by Kathy Reinhart DN:cn=Kathy Reinhart,email=kmr@bascomtelephone.com,O=bascom mutual tel co,l=Bascom OH 44809, Date:5/20/2014	
Date: 5/20/2014					
Printed name of Authorized Officer or employee: Kathy Reinhart					
Title or position of Authorized Officer or employee: Assistant General Manager					
Telephone number of Authorized Officer or employee: 419-937-2222					
Study Area Code of Reporting Carrier	300589		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: BENTON RIDGE TEL CO					
Signature of Authorized Officer or employee: Ken Williams				Digitally signed by Ken Williams DN:cn=Ken Williams,email=ken@watchtv.net,O=benton ridge tel co,l=Benton Ridge OH 45816-0180, Date:5/8/2014	
				Date: 5/8/2014	
Printed name of Authorized Officer or employee: Ken Williams					
Title or position of Authorized Officer or employee: President/CEO					
Telephone number of Authorized Officer or employee: 419-859-2144					
Study Area Code of Reporting Carrier	300590		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier <u>BUCKLAND TELEPHONE COMPANY</u>			
Signature of authorized officer <u>Douglas G. Place</u>		Date	<u>5/20/14</u>
Printed name of authorized officer <u>DOUGLAS G. PLACE</u>			
Title or position of authorized officer <u>GENERAL MANAGER</u>			
Telephone number of authorized officer: <u>419.657.2223x1</u>			
Study Area Code of Reporting Carrier	<u>300591</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 55 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier:      <b>THE CHAMPAIGN TEL CO</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Tiffany Ebersold</b></p>				<small>Digitally signed by Tiffany Ebersold DN:cn=Tiffany Ebersold,email=tiffany@ctcommunications.com,O=the champaign tel co, Date:5/13/2014</small>  <p>Date:      <b>5/13/2014</b></p>	
<p>Printed name of Authorized Officer or employee:      <b>Tiffany Ebersold</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>937-653-2263</b></p>					
Study Area Code of Reporting Carrier	<b>300594</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: <b>MCCLURE TEL CO</b>					
Signature of Authorized Officer or employee: <b>Lance Miller</b>				<small>Digitally signed by Lance Miller DN:cn=Lance Miller,email=lance@mccluretelephone.com,O=mcclure tel co,l=McClure OH 43534-0026, Date:5/7/2014</small> Date: <b>5/7/2014</b>	
Printed name of Authorized Officer or employee: <b>Lance Miller</b>					
Title or position of Authorized Officer or employee: <b>President</b>					
Telephone number of Authorized Officer or employee: <b>419-748-8032</b>					
Study Area Code of Reporting Carrier	<b>300598</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: CONNEAUT TEL CO					
Signature of Authorized Officer or employee: Deanna Brown				Digitally signed by Deanna Brown DN:cn=Deanna Brown,email=dbrown@suite224.net,O=conneaut tel co,l=Conneaut OH 44030, Date:5/8/2014	
Date: 5/8/2014					
Printed name of Authorized Officer or employee: Deanna Brown					
Title or position of Authorized Officer or employee: CFO					
Telephone number of Authorized Officer or employee: 440-593-7138					
Study Area Code of Reporting Carrier	300606		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: DOYLESTOWN TEL CO					
Signature of Authorized Officer or employee: Thomas Brockman				Digitally signed by Thomas Brockman DN:cn=Thomas Brockman,email=doytel@bright.net,O=doylestown tel co,l=, Date:5/8/2014	
Date: 5/8/2014					
Printed name of Authorized Officer or employee: Thomas Brockman					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 330-658-2121					
Study Area Code of Reporting Carrier	300609		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FARMERS MUTUAL TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Cheryl Bostelman</span></p>				<p><small>Digitally signed by Cheryl Bostelman DN:cn=Cheryl Bostelman,email=cbos@fmtc.cc,O=farmers mutual tel,l=Okolona OH 43550, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Cheryl Bostelman</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Secretary/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-758-3322</span></p>					
Study Area Code of Reporting Carrier	300612		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FORT JENNINGS TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michael Metzger</span></p>				<p><small>Digitally signed by Michael Metzger DN:cn=Michael Metzger,email=mike@fjtelephone.com,O=fort jennings tel co,l=Ft. Jennings OH 45844-0146, Date:5/20/2014</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Michael Metzger</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-286-2181</span></p>					
Study Area Code of Reporting Carrier	300614		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: GLANDORF TEL CO					
Signature of Authorized Officer or employee: Linda Heckman				Digitally signed by Linda Heckman DN:cn=Linda Heckman,email=giantel@bright.net,O=glandorf tel co,l=Glandorf OH 45848-0031, Date:5/15/2014	
Date: 5/15/2014					
Printed name of Authorized Officer or employee: Linda Heckman					
Title or position of Authorized Officer or employee: Manager/Asst.Treasurer					
Telephone number of Authorized Officer or employee: 419-538-6987					
Study Area Code of Reporting Carrier	300619		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <b>KALIDA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Chris Phillips</b></p>				<p>Digitally signed by Chris Phillips DN:cn=Chris Phillips,email=chrisp@kalidatel.com,O=kalida tel co,l=Kalida OH 45853, Date:5/12/2014</p>	
<p>Date: <b>5/12/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Chris Phillips</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>419-532-3218</b></p>					
Study Area Code of Reporting Carrier	<b>300625</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: MIDDLE POINT HOME					
Signature of Authorized Officer or employee: Bruce Hanson				<small>Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=middle point home,lc= , Date:5/19/2014</small> Date: 5/19/2014	
Printed name of Authorized Officer or employee: Bruce Hanson					
Title or position of Authorized Officer or employee: Treasurer					
Telephone number of Authorized Officer or employee: 320-847-2211					
Study Area Code of Reporting Carrier	300633		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: MINFORD TEL CO					
Signature of Authorized Officer or employee: Paula McGraw				Digitally signed by Paula McGraw DN:cn=Paula McGraw,email=pmcgraw@falcon1.net,O=minford tel co,l=Minford OH 45653, Date:5/13/2014	
Date: 5/13/2014					
Printed name of Authorized Officer or employee: Paula McGraw					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 740-820-2151					
Study Area Code of Reporting Carrier	300634		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				NEW KNOXVILLE TELEPHONE COMPANY	
Signature of authorized officer			Date		05/21/2014
Printed name of authorized officer			PRESTON MEYER		
Title or position of authorized officer			GENERAL MANAGER		
Telephone number of authorized officer:			(419) 753-2457		
Study Area Code of Reporting Carrier		300639	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier:      <b>THE NOVA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Charles Mattingly</b></p>				<small>Digitally signed by Charles Mattingly DN:cn=Charles Mattingly,email=charlie@vncenterprises.com,O=the nova tel co,l=Judson TX 75660, Date:5/19/2014</small>  <p>Date:      <b>5/19/2014</b></p>	
<p>Printed name of Authorized Officer or employee:      <b>Charles Mattingly</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>903-452-3258</b></p>					
Study Area Code of Reporting Carrier	<b>300644</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>			
Name of Reporting Carrier <b>The Ottoville Mutual Telephone Company</b>			
Signature of authorized officer <i>William J Honigford</i>		Date	<b>05/12/2014</b>
Printed name of authorized officer <b>William J Honigford</b>			
Title or position of authorized officer <b>General Manager</b>			
Telephone number of authorized officer: <b>(419) 453-3324</b>			
Study Area Code of Reporting Carrier	<b>300650</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</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 AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PATTERSONVILLE TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Aaron Jones</span></p>				<p><small>Digitally signed by Aaron Jones DN:cn=Aaron Jones,email=aaronjones.1@frontier.com,O=pattersonville tel,I=Carrollton OH 44615, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Aaron Jones</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">330-895-4391</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">300651</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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 AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Ridgeville Telephone Company	
Signature of authorized officer			Date		5/14/2014
Printed name of authorized officer			Matthew Eggers		
Title or position of authorized officer			President, Board of Directors		
Telephone number of authorized officer:			(419) 267-5185		
Study Area Code of Reporting Carrier		300654	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: SHERWOOD MUTUAL TEL					
Signature of Authorized Officer or employee: Lynn Bergman				Digitally signed by Lynn Bergman DN:cn=Lynn Bergman,email=lynnbergman@smta.cc,O=sherwood mutual tel, =Sherwood OH 43556, Date:5/12/2014	
				Date: 5/12/2014	
Printed name of Authorized Officer or employee: Lynn Bergman					
Title or position of Authorized Officer or employee: Manager					
Telephone number of Authorized Officer or employee: 419-899-2121					
Study Area Code of Reporting Carrier	300656		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SYCAMORE TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steven Ekleberry</span></p>				<p><small>Digitally signed by Steven Ekleberry DN:cn=Steven Ekleberry,email=steve.ekleberry@sycltelco.com,O=sycamore tel co, Inc., Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steven Ekleberry</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager/Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">419-927-6012</span></p>					
Study Area Code of Reporting Carrier	<span style="color: blue;">300658</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2014</span>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: TELEPHONE SERVICE					
Signature of Authorized Officer or employee: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=telephone service,l= , Date:5/15/2014	
Date: 5/15/2014					
Printed name of Authorized Officer or employee: Bruce Hanson					
Title or position of Authorized Officer or employee: Treasurer					
Telephone number of Authorized Officer or employee: 320-847-2211					
Study Area Code of Reporting Carrier	300659		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: VAUGHNSVILLE TEL CO					
Signature of Authorized Officer or employee: Martha Kaplan				Digitally signed by Martha Kaplan DN:cn=Martha Kaplan,email=vvtelco@bright.net,O=vaughnsville tel co,l=Vaughnsville OH 45893-0127, Date:5/20/2014	
Date: 5/20/2014					
Printed name of Authorized Officer or employee: Martha Kaplan					
Title or position of Authorized Officer or employee: Manager/Secretary/Treasurer					
Telephone number of Authorized Officer or employee: 419-646-3431					
Study Area Code of Reporting Carrier	300663		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).</p>					
<p>Name of Reporting Carrier:      <b>WABASH MUTUAL TEL CO</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Mike Boley</b></p>				<p><small>Digitally signed by Mike Boley DN:cn=Mike Boley,email=mikeb@wabash.com,O=wabash mutual tel co,l= , Date:5/20/2014</small></p> <p>Date:      <b>5/20/2014</b></p>	
<p>Printed name of Authorized Officer or employee:      <b>Mike Boley</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>President/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>419-942-1111</b></p>					
Study Area Code of Reporting Carrier	<b>300664</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<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 AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ALLBAND COMM COOP					
Signature of Authorized Officer or employee: Ron Siegel				Digitally signed by Ron Siegel DN:cn=Ron Siegel,email=ron.siegel@allband.org,O=allband comm coop, Date:5/18/2014	
Date: 5/18/2014					
Printed name of Authorized Officer or employee: Ron Siegel					
Title or position of Authorized Officer or employee: General Manager					
Telephone number of Authorized Officer or employee: 989-369-9999					
Study Area Code of Reporting Carrier	310542		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: ACE-MI ALLENDALE					
Signature of Authorized Officer or employee: Todd Roesler				Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace-mi allendale,l=Houston MN 55943-0360, Date:5/16/2014	
				Date: 5/16/2014	
Printed name of Authorized Officer or employee: Todd Roesler					
Title or position of Authorized Officer or employee: Chief Executive Officer					
Telephone number of Authorized Officer or employee: 507-896-6292					
Study Area Code of Reporting Carrier	310669		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: BARAGA TEL CO					
Signature of Authorized Officer or employee: Paul Stark				Digitally signed by Paul Stark DN:cn=Paul Stark,email=pwstark@up.net,O=baraga tel co,l=Baraga MI 49908, Date:5/19/2014	
Date: 5/19/2014					
Printed name of Authorized Officer or employee: Paul Stark					
Title or position of Authorized Officer or employee: President					
Telephone number of Authorized Officer or employee: 906-353-6644					
Study Area Code of Reporting Carrier	310675		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: BARRY COUNTY TEL CO					
Signature of Authorized Officer or employee: David Stoll				Digitally signed by David Stoll DN:cn=David Stoll,email=dstoll@mei.net,O=barry county tel co,l=Delton MI 49046, Date:5/7/2014	
				Date: 5/7/2014	
Printed name of Authorized Officer or employee: David Stoll					
Title or position of Authorized Officer or employee: VP/GM/COO					
Telephone number of Authorized Officer or employee: 269-623-9971					
Study Area Code of Reporting Carrier	310676		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii).					
Name of Reporting Carrier: BLANCHARD TEL. CO.					
Signature of Authorized Officer or employee: Duane Bronson				Digitally signed by Duane Bronson DN:cn=Duane Bronson,email=blanchardtel@power-net.net,O=blanchard tel. co.,l=Blanchard MI 49310-0067, Date:5/20/2014	
				Date: 5/20/2014	
Printed name of Authorized Officer or employee: Duane Bronson					
Title or position of Authorized Officer or employee: VP / General Manager					
Telephone number of Authorized Officer or employee: 989-561-9930					
Study Area Code of Reporting Carrier	310678		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					