

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

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

Name of Reporting Carrier	<b>Skyline Telephone Membership Corporation</b>
---------------------------	---

Signature of Authorized Officer	<i>Cindy Rothstein</i>	Date	<i>6/9/2014</i>
---------------------------------	------------------------	------	-----------------

Title or position of Authorized Officer	<b>Executive Director of Finance</b>
---	--------------------------------------

Telephone number or Authorized Officer.	<b>(336) 876-6304</b>
---	-----------------------

Study Area Code of Reporting Carrier	<b>230501</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>06/16/2014</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.

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

**I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.**

Name of Authorized Agent                      John Staurulakis, Inc. (JSI)

Name of Reporting Carrier                      **Skyline Telephone Membership Corporation**

Signature of Authorized Officer

*Cindy Rothstein*

Date

*6/9/2014*

Printed name of Authorized Officer

Cindy Rothstein

Title or position of Authorized Officer

Executive Director of Finance

Telephone number of Authorized Officer.

( 336) 876-6304

Study Area Code of Reporting Carrier

**230501**

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

06/16/2014

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.