

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: North English Cooperative Telephone Company			
Signature of Authorized Officer: <i>Reed Osterberg</i>			Date: 5/7/2014
Printed name of Authorized Officer: Reed Osterberg			
Title or position of Authorized Officer: COO			
Telephone number of Authorized Officer: (319) 664-3821 ext.			
Study Area Code of Reporting Carrier	351257	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: NORTHERN IOWA TEL CO					
Signature of Authorized Officer: Doug Boone				Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=northern iowa tel co,l=Sioux Center IA 51250, Date:5/15/2014	
Date: 5/15/2014					
Printed name of Authorized Officer: Doug Boone					
Title or position of Authorized Officer: Chief Executive Officer					
Telephone number of Authorized Officer: 712-722-3451					
Study Area Code of Reporting Carrier	351259		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NORTHWEST IOWA TEL**

Signature of Authorized Officer: **Paul Bergmann**

Digitally signed by Paul Bergmann DN:cn=Paul Bergmann,email=paul.bergmann@longlines.biz,O=northwest iowa tel,l=Sergeant Bluff IA 51054, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer: **712-271-5535**

Study Area Code of Reporting Carrier

351260

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Donald Miller**

Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest tel coop,l=Havelock IA 50546, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Donald Miller**

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

Telephone number of Authorized Officer: **712-776-2222**

Study Area Code of Reporting Carrier

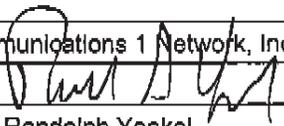
351261

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Communications 1 Network, Inc			
Signature of Authorized Officer 			Date 05/08/2014
Printed name of Authorized Officer Randolph Yeakel			
Title or position of Authorized Officer COO			
Telephone number of Authorized Officer: (641) 762-3772 ext.			
Study Area Code of Reporting Carrier	351262	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **OGDEN TEL CO - IA**

Signature of Authorized Officer: **Gary Clark**

Digitally signed by Gary Clark DN:cn=Gary Clark,email=ogdentelgary@netins.net,O=ogden tel co - ia,I=Ogden IA 50212, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Gary Clark**

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

Telephone number of Authorized Officer: **515-275-2050**

Study Area Code of Reporting Carrier

351263

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **OLIN TEL CO, INC**

Signature of Authorized Officer: **Rodney Cozart**

Digitally signed by Rodney Cozart DN:cn=Rodney Cozart,email=olintel@netins.net,O=olin tel co, inc,I=Olin IA 52320-0130, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **Rodney Cozart**

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

Telephone number of Authorized Officer: **319-484-2200**

Study Area Code of Reporting Carrier

351264

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier		Onslow Cooperative Telephone Association	
Signature of Authorized Officer		Date 05/07/2014	
Printed name of Authorized Officer		Russ A. Benke	
Title or position of Authorized Officer		General Manager	
Telephone number of Authorized Officer:		(563) 485-2833 ext.	
Study Area Code of Reporting Carrier	351265	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ORAN MUTUAL TEL CO**

Signature of Authorized Officer: **Barb Gruetzmacher**

Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel co, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **Barb Gruetzmacher**

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

Telephone number of Authorized Officer: **319-638-6006**

Study Area Code of Reporting Carrier

351266

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PALO COOP TEL ASSN

Signature of Authorized Officer: Kirby Underberg

Digitally signed by Kirby Underberg DN:cn=Kirby Underberg,email=kunderberg@netins.net,O=palo coop tel assn, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Kirby Underberg

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 319-851-3431

Study Area Code of Reporting Carrier

351269

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PALMER MUTUAL TEL CO

Signature of Authorized Officer: **Andy Peterson**

Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co,l=Palmer IA 50571, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer: Andy Peterson

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 712-359-2411

Study Area Code of Reporting Carrier

351270

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: Panora Communications Cooperative				
Signature of Authorized Officer: <i>AMR CEO</i>				Date: 5-7-2014
Printed name of Authorized Officer: Andrew M. Randol				
Title or position of Authorized Officer: CEO				
Telephone number of Authorized Officer: (641) 755-2424 ext.				
Study Area Code of Reporting Carrier	351271	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **PEOPLES TEL CO - IA**

Signature of Authorized Officer: **Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=peoples tel co - ia, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Curt Kawlewski**

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

Telephone number of Authorized Officer: **507-233-4172**

Study Area Code of Reporting Carrier

351273

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PRAIRIEBURG TEL CO

Signature of Authorized Officer: LaRae Reichenauer

Digitally signed by LaRae Reichenauer DN:cn=LaRae Reichenauer,email=prbgtele@netins.net,O=prairieburg tel co,l= , Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer: LaRae Reichenauer

Title or position of Authorized Officer: Secretary/Treasurer

Telephone number of Authorized Officer: 319-437-3611

Study Area Code of Reporting Carrier

351275

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PRESTON TEL CO

Signature of Authorized Officer: Roger Kilburg

Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestontel.com,O=preston tel co,l=Preston IA 52069-0167, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Roger Kilburg

Title or position of Authorized Officer: Manager/Secretary-Treasurer

Telephone number of Authorized Officer: 563-689-3811

Study Area Code of Reporting Carrier

351276

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Edwin Drake**

Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@netins.net,O=radcliffe tel co,l=Radcliffe IA 50230-0140, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **Edwin Drake**

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

Telephone number of Authorized Officer: **515-899-2341**

Study Area Code of Reporting Carrier

351277

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		Ringsted Telephone	
Signature of Authorized Officer		Date 5/9/2014	
Printed name of Authorized Officer		Daniel Nelsen	
Title or position of Authorized Officer		Board President	
Telephone number of Authorized Officer:		(712) 866-8000 ext.	
Study Area Code of Reporting Carrier	351280	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ROCKWELL COOP ASSN**

Signature of Authorized Officer: **David Severin**

Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop assn,I=Rockwell IA 50469, Date:5/14/2014

Date: **5/14/2014**

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

Title or position of Authorized Officer: **General Mgr/Assist Secretary-Treasurer**

Telephone number of Authorized Officer: **641-822-3212**

Study Area Code of Reporting Carrier

351282

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ROYAL TEL CO

Signature of Authorized Officer: Doug Nelson

Digitally signed by Doug Nelson DN:cn=Doug Nelson,email=dnelson@royaltelco.com,O=royal tel co,l=Royal IA 51357, Date:5/9/2014

Date: 5/9/2014

Printed name of Authorized Officer: Doug Nelson

Title or position of Authorized Officer: General Manager/CCO

Telephone number of Authorized Officer: 712-933-2615

Study Area Code of Reporting Carrier

351283

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Ruthven Telephone Exchange			
Signature of Authorized Officer <i>Donald W Mahan</i>			Date 05/19/2014
Printed name of Authorized Officer Donald Mahan			
Title or position of Authorized Officer Vice-President			
Telephone number of Authorized Officer: (712) 859-3300 ext.			
Study Area Code of Reporting Carrier	351284	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.			

FORM COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Sac County Mutual Telephone Company			
Signature of Authorized Officer <i>Ronald Sorensen</i>			Date 05/12/14
Printed name of Authorized Officer Ronald Sorensen			
Title or position of Authorized Officer Compliance Officer			
Telephone number of Authorized Officer: (712) 668-2200 , ext.			
Study Area Code of Reporting Carrier	35-1285	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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Schaller Telephone Company	
Signature of Authorized Officer			Missy Kestel		
Printed name of Authorized Officer			Missy Kestel		
Title or position of Authorized Officer			Secretary		
Telephone number of Authorized Officer:			712-275-4121		
Study Area Code of Reporting Carrier		35/291	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SEARSBORO TEL CO

Signature of Authorized Officer: Gary Neill

Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=searsboro tel co,l= , Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Gary Neill

Title or position of Authorized Officer: Consultant

Telephone number of Authorized Officer: 402-477-1354

Study Area Code of Reporting Carrier

351292

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				SHARON TELEPHONE COMPANY	
Signature of Authorized Officer			<i>Daniel Pieper</i>		Date
Printed name of Authorized Officer			DANIEL PIEPER		MAY 7, 2014
Title or position of Authorized Officer				CHIEF FINANCIAL OFFICER	
Telephone number of Authorized Officer:				319.679.2211 ext.	
Study Area Code of Reporting Carrier	351293	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier Scranton Telephone Company			
Signature of Authorized Officer <i>Sam Fengel MS</i>			Date May 7, 2014
Printed name of Authorized Officer Sam Fengel			
Title or position of Authorized Officer Manager			
Telephone number of Authorized Officer: (712) 652-3355 ext.			
Study Area Code of Reporting Carrier	351294	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SHELL ROCK COMM

Signature of Authorized Officer: **Richard McBurney**

Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=shell rock comm,l=Plainfield IA 50666-0099, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer: Richard McBurney

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 319-276-4458

Study Area Code of Reporting Carrier

351295

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HEART OF IOWA COMM.

Signature of Authorized Officer: **Bryan Amundson**

Digitally signed by Bryan Amundson DN:cn=Bryan Amundson,email=bamundson@heartofiowa.coop,O=heart of iowa comm.,l=Union IA 50258-0130, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Bryan Amundson

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 641-486-2211

Study Area Code of Reporting Carrier

351297

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SOUTH SLOPE COOP TEL

Signature of Authorized Officer: **Justyn Miller**

Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=south slope coop tel,l=North Liberty IA 52317, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Justyn Miller

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 319-626-2211

Study Area Code of Reporting Carrier

351298

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SOUTHWEST TEL EXCH**

Signature of Authorized Officer: **Mike Weis**

Digitally signed by Mike Weis DN:cn=Mike Weis,email=mikew@interstatecom.com,O=southwest tel exch,l=Truro IA 50257-0229, Date:5/20/2014

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer: **641-765-4201**

Study Area Code of Reporting Carrier

351301

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Jean Schilling**

Digitally signed by Jean Schilling DN:cn=Jean Schilling,email=springvl@netins.net,O=springville coop tel,l=Springville IA 52336-0009, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **Jean Schilling**

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

Telephone number of Authorized Officer: **319-854-6107**

Study Area Code of Reporting Carrier

351302

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Marvin Ness**

Digitally signed by Marvin Ness DN:cn=Marvin Ness,email=cooptelx@netins.net,O=coop tel exchange,l=Stanhope IA 50246, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Marvin Ness**

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

Telephone number of Authorized Officer: **515-826-3206**

Study Area Code of Reporting Carrier

351303

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SO. SLOPE-SWISHER**

Signature of Authorized Officer: **Justyn Miller**

Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=so.slope-swisher,l=North Liberty IA 52317, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Justyn Miller**

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

Telephone number of Authorized Officer: **319-626-2211**

Study Area Code of Reporting Carrier

351304

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Jen Frank**

Digitally signed by Jen Frank DN:cn=Jen Frank,email=jfrank@stratfordtelephone.com,O=stratford mutual tel,l=Stratford IA 50249, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **Jen Frank**

Title or position of Authorized Officer: **Assistant Secretary/Office Manager**

Telephone number of Authorized Officer: **515-838-2390**

Study Area Code of Reporting Carrier

351305

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier Sully Telephone Association				
Signature of Authorized Officer <i>Arie J. Scholten</i>				Date 5/7/2014
Printed name of Authorized Officer Arie J. Scholten				
Title or position of Authorized Officer General Manager				
Telephone number of Authorized Officer: (641) 594-2905 ext.				
Study Area Code of Reporting Carrier	351306	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2014	
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>				

TO BE COMPLETED BY THE REPORTING OFFICER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <i>Superior Telephone Co-op</i>			
Signature of Authorized Officer <i>Bob Soat</i>			Date <i>5/12/14</i>
Printed name of Authorized Officer <i>Bob Soat</i>			
Title or position of Authorized Officer <i>Superior Telephone Co-op board president</i>			
Telephone number of Authorized Officer: <i>(712) 858 4448 ext.</i>			
Study Area Code of Reporting Carrier	<i>188</i>	Filing Due Date for this form (mm/dd/yyyy)	<i>6/16/2014</i>
<i>351307</i>			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier: Templeton Telephone Company			
Signature of Authorized Officer: <i>Patricia Snyder</i>			Date: 05/09/2014
Printed name of Authorized Officer: Patricia Snyder			
Title or position of Authorized Officer: GM/ Secretary/Treasurer			
Telephone number of Authorized Officer: (712) 669-3311 ext.			
Study Area Code of Reporting Carrier	351308	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **TERRIL TEL. COOP.**

Signature of Authorized Officer: **Douglas Nelson**

Digitally signed by Douglas Nelson DN:cn=Douglas Nelson,email=dnelson@terril.com,O=terril tel. coop.,l=Terril IA 51364-0100, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **Douglas Nelson**

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

Telephone number of Authorized Officer: **712-853-6121**

Study Area Code of Reporting Carrier

351309

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **TITONKA-BURT**

Signature of Authorized Officer: **Vicky Nelson**

Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt,IA=Titonka IA 50480-0321, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Vicky Nelson**

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

Telephone number of Authorized Officer: **515-928-2110**

Study Area Code of Reporting Carrier

351310

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier United Farmers Telephone Company			
Signature of Authorized Officer <i>Roxanne White</i>			Date 05/08/2014
Printed name of Authorized Officer Roxanne White			
Title or position of Authorized Officer Executive Vice President			
Telephone number of Authorized Officer: (712) 834-0220 , ext.			
Study Area Code of Reporting Carrier	351316	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: VAN BUREN TEL CO

Signature of Authorized Officer: Kevin Hranicka

Digitally signed by Kevin Hranicka DN:cn=Kevin Hranicka,email=hranicka@netins.net,O=van buren tel co,l=Keosauqua IA 52565-0430, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer: Kevin Hranicka

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 319-293-3187

Study Area Code of Reporting Carrier

351319

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: VAN HORNE COOP TEL

Signature of Authorized Officer: Kerry Less

Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van horne coop tel,l=Van Horne IA 52346-0096, Date:5/9/2014

Date: 5/9/2014

Printed name of Authorized Officer: Kerry Less

Title or position of Authorized Officer: CFO - Chief Financial Officer

Telephone number of Authorized Officer: 319-228-8791

Study Area Code of Reporting Carrier

351320

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **VENTURA TEL CO, INC**

Signature of Authorized Officer: **Thomas Lovell**

Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel co, inc,l=Clear Lake IA 50428-0066, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Thomas Lovell**

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

Telephone number of Authorized Officer: **641-357-2111**

Study Area Code of Reporting Carrier

351322

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Kevin Cabbage**

Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel,l=Stanton IA 51573-0220, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer: **712-829-2111**

Study Area Code of Reporting Carrier

351324

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.

... BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier		WALNUT TELEPHONE COMPANY	
Signature of Authorized Officer		Date	
Printed name of Authorized Officer		7/14/2014	
Title or position of Authorized Officer		BRUCE HEYNE	
Telephone number of Authorized Officer		PRESIDENT / GENERAL MANAGER	
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
387326			

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WEBB-DICKENS TEL**

Signature of Authorized Officer: **Doug Boone**

Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=webb-dickens tel,l=Sioux Center IA 51250, Date:5/15/2014

Date: **5/15/2014**

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

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

Telephone number of Authorized Officer: **712-722-3451**

Study Area Code of Reporting Carrier

351327

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: WEBSTER-CALHOUN COOP

Signature of Authorized Officer: **Daryl Carlson**

Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=darylc@wccta.com,O=webster-calhoun coop,l=Gowrie IA 50543, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Daryl Carlson

Title or position of Authorized Officer: Executive Vice President

Telephone number of Authorized Officer: 515-352-3151

Study Area Code of Reporting Carrier

351328

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Jayne Hochstedler**

Digitally signed by Jayne Hochstedler DN:cn=Jayne Hochstedler,email=wellman@netins.net,O=wellman coop tel,l=Wellman IA 52356-0170, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **Jayne Hochstedler**

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

Telephone number of Authorized Officer: **319-646-6075**

Study Area Code of Reporting Carrier

351329

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: WEST IOWA TEL CO

Signature of Authorized Officer: **Robert Gannon**

Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel co,l=Remsen IA 51050-0330, Date:5/9/2014

Date: 5/9/2014

Printed name of Authorized Officer: Robert Gannon

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 712-786-5572

Study Area Code of Reporting Carrier

351331

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: WEST LIBERTY TEL CO

Signature of Authorized Officer: **Craig Bieber**

Digitally signed by Craig Bieber DN:cn=Craig Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,l= , Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer: Craig Bieber

Title or position of Authorized Officer: Controller/Treasurer

Telephone number of Authorized Officer: 319-627-2145

Study Area Code of Reporting Carrier

351332

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Western Iowa Telephone Association**

Signature of Authorized Officer *Russell E Walker*

Date **05-09-14**

Printed name of Authorized Officer **Russell E Walker**

Title or position of Authorized Officer **President, Board of Directors**

Telephone number of Authorized Officer: **(712) 944-5711 ext.**

Study Area Code of Reporting Carrier

351334

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WESTSIDE INDEPENDENT**

Signature of Authorized Officer: **Jane Morlok**

Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=westside independent,l=Breda IA 51436-0190, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Jane Morlok**

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

Telephone number of Authorized Officer: **712-673-8101**

Study Area Code of Reporting Carrier

351335

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WILTON TEL CO					
Signature of Authorized Officer: Stacie Harris				<small>Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtccommunications.com,O=wilton tel co,l=Wilton IA 52778-0970, Date:5/7/2014</small>	
Date: 5/7/2014					
Printed name of Authorized Officer: Stacie Harris					
Title or position of Authorized Officer: General Manager/CFO					
Telephone number of Authorized Officer: 563-732-3000					
Study Area Code of Reporting Carrier	351336		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <u>Winnebago Cooperative Telecom Association</u>			
Signature of Authorized Officer <u><i>Mark Thoma</i></u>			Date <u>5/7/2014</u>
Printed name of Authorized Officer <u>Mark Thoma</u>			
Title or position of Authorized Officer <u>General Manager</u>			
Telephone number of Authorized Officer: <u>(641) 592-6105</u> , ext.			
Study Area Code of Reporting Carrier	<u>351337</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. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

Name of Reporting Carrier				Woolstock Mutual Telephone	
Signature of Authorized Officer			Date		
			5-7-14		
Printed name of Authorized Officer					
Chris Simmans					
Title or position of Authorized Officer					
General Manager					
Telephone number of Authorized Officer					
515-839-5621					
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)			
351342		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. §§ 802, 803(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Debra Williams**

Digitally signed by Debra Williams DN:cn=Debra Williams,email=wyoming@netins.net,O=wyoming mutual tel,l=Wyoming IA 52362, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Debra Williams**

Title or position of Authorized Officer: **Office Manager/Board Secretary**

Telephone number of Authorized Officer: **563-488-2535**

Study Area Code of Reporting Carrier

351343

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PRAIRIE TEL CO

Signature of Authorized Officer: Jane Morlok

Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=prairie tel co,l=Breda IA 51436-0190, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer: Jane Morlok

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 712-673-8101

Study Area Code of Reporting Carrier

351344

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ACE TEL ASSN-IA

Signature of Authorized Officer: **Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel assn-ia,l=Houston MN 55943-0360, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Todd Roesler

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 507-896-6292

Study Area Code of Reporting Carrier

351346

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ALLIANCE-HILLS IA**

Signature of Authorized Officer: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills ia,I=Garretson SD 57030, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Kari Flanagan**

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

Telephone number of Authorized Officer: **605-594-8228**

Study Area Code of Reporting Carrier

351405

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Gary Neill**

Digitally signed by Gary Neill DN:cn=Gary Neill,email=gnicore@hotmail.com,O=killduff tel. co.,l= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Gary Neill**

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

Telephone number of Authorized Officer: **402-477-1354**

Study Area Code of Reporting Carrier

351407

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MABEL COOP TEL-IA					
Signature of Authorized Officer: Lorren Tingesdal				<small>Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabelltel.coop,O=mabel coop tel-ia,i=Mabel MN 55954-0368, Date:5/12/2014</small>	
Date: 5/12/2014					
Printed name of Authorized Officer: Lorren Tingesdal					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 507-493-5411					
Study Area Code of Reporting Carrier	351424		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Grand River Mutual Telephone Corporation

Signature of Authorized Officer

Mark Yungeberg

Date

5/14/14

Printed name of Authorized Officer

Mark Yungeberg

Title or position of Authorized Officer

Vice-President, Board of Directors

Telephone number of Authorized Officer:

(660) 748-3231, ext.

Study Area Code of Reporting Carrier

351888

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

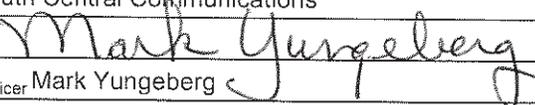
6/16/2014

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				South Central Communications	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Mark Yungeberg		5/14/14
Title or position of Authorized Officer					
Vice-President, Board of Directors					
Telephone number of Authorized Officer: (660) 748-3231 ext.					
Study Area Code of Reporting Carrier	351888	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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Winnebago Cooperative Telecom Association	
Signature of Authorized Officer			<i>Mark Thoma</i>		Date
Printed name of Authorized Officer			Mark Thoma		
Title or position of Authorized Officer			General Manager		
Telephone number of Authorized Officer: (641) 592-6105 ext.					
Study Area Code of Reporting Carrier	361337	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ACE TEL ASSN-MN

Signature of Authorized Officer: **Todd Roesler**

Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel assn-mn,l=Houston MN 55943-0360, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Todd Roesler

Title or position of Authorized Officer: Chief Executive Officer

Telephone number of Authorized Officer: 507-896-6292

Study Area Code of Reporting Carrier

361346

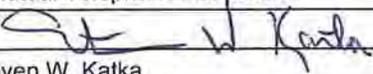
Filing Due Date for this form (mm/dd/yyyy)

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 THE REPORTING CARRIER,

Transmittal No. 1423

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 Albany Mutual Telephone Association			
Signature of Authorized Officer 			Date 5/12/2014
Printed name of Authorized Officer Steven W. Katka			
Title or position of Authorized Officer CEO/General Manager			
Telephone number of Authorized Officer: (320) 845-2101 ext.			
Study Area Code of Reporting Carrier	361347	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **WILDERNESS VALLEY**

Signature of Authorized Officer: **Robert Riddell**

Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=wilderness valley,lc=, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Robert Riddell**

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

Telephone number of Authorized Officer: **218-488-6565**

Study Area Code of Reporting Carrier

361348

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CITY OF BARNESVILLE

Signature of Authorized Officer: **Guy Swenson**

Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=gswenson@bvillemn.net,O=city of barnesville,l=Barnesville MN 56514, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Guy Swenson

Title or position of Authorized Officer: TEC Manager

Telephone number of Authorized Officer: 218-354-2292

Study Area Code of Reporting Carrier

361353

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: BENTON COOP TEL CO					
Signature of Authorized Officer: Cheryl Scapanski				Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop tel co,l= , Date:5/13/2014	
Date: 5/13/2014					
Printed name of Authorized Officer: Cheryl Scapanski					
Title or position of Authorized Officer: General Manager					
Telephone number of Authorized Officer: 320-393-2115					
Study Area Code of Reporting Carrier	361356		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 THE REPORTING CARRIER

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

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

Name of Reporting Carrier Blue Earth Valley Telephone Company			
Signature of Authorized Officer <i>William Eckles</i>			Date 05/16/2014
Printed name of Authorized Officer William Eckles			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (507) 526-3252 ext			
Study Area Code of Reporting Carrier	361358	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CALLAWAY TEL CO					
Signature of Authorized Officer: Staci Malikowski				Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=callaway tel co,l= , Date:5/19/2014	
Date: 5/19/2014					
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361365		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CLARA CITY TEL EXCH**

Signature of Authorized Officer: **Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=clara city tel exch,l= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Bruce Hanson**

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

Telephone number of Authorized Officer: **320-847-2211**

Study Area Code of Reporting Carrier

361370

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CLEMENTS TEL CO

Signature of Authorized Officer: **Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel co,l=, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Staci Malikowski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-346-8498

Study Area Code of Reporting Carrier

361372

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Consolidated Telephone Co	
Signature of Authorized Officer			Date		
<i>Kevin T. Larson</i>			05/19/2014		
Printed name of Authorized Officer				Kevin T Larson	
Title or position of Authorized Officer				CEO/General Manager	
Telephone number of Authorized Officer: (218) 454-1101, ext.					
Study Area Code of Reporting Carrier		361373	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ARROWHEAD COMM CORP**

Signature of Authorized Officer: **Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=arrowhead comm corp, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Staci Malikowski**

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

Telephone number of Authorized Officer: **218-346-8498**

Study Area Code of Reporting Carrier

361374

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier <i>Dunnell Telephone Co. Inc</i>			
Signature of Authorized Officer <i>Daniel C Nelson</i>		Date <i>19 May 2014</i>	
Printed name of Authorized Officer <i>Daniel C Nelson</i>			
Title or position of Authorized Officer <i>General Manager</i>			
Telephone number of Authorized Officer <i>507 695-2730 ext.</i>			
Study Area Code of Reporting Carrier <i>361381</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.			

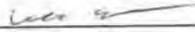
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: EAGLE VALLEY TEL CO					
Signature of Authorized Officer: Staci Malikowski				Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=eagle valley tel co,l= , Date:5/19/2014	
Date: 5/19/2014					
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361383		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				The Easton Telephone Company	
Signature of Authorized Officer			Date		
			05/16/2014		
Printed name of Authorized Officer					
William Eckles					
Title or position of Authorized Officer					
President					
Telephone number of Authorized Officer: (507) 526-3252 ext.					
Study Area Code of Reporting Carrier		361384		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: EAST OTTER TAIL TEL

Signature of Authorized Officer: **Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski, email=staci.malikowski@arvig.com, O=east otter tail tel, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Staci Malikowski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-346-8498

Study Area Code of Reporting Carrier

361385

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 THE REPORTING CARRIER:

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Eckles Telephone Company		Date 05/16/2014	
Signature of Authorized Officer			
Printed name of Authorized Officer William Eckles			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (507) 526-3252, ext.			
Study Area Code of Reporting Carrier	361386	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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Robert Olson**

Digitally signed by Robert Olson DN:cn=Robert Olson,email=emilytel@emily.net,O=emily coop tel co,l=Emily MN 56447, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Robert Olson**

Title or position of Authorized Officer: **Chief Executivce Officer\General Manager**

Telephone number of Authorized Officer: **218-763-3000**

Study Area Code of Reporting Carrier

361387

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Kevin Beyer**

Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=farmers mutual tel, Inc., Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer: **320-568-2105**

Study Area Code of Reporting Carrier

361389

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Kevin Beyer**

Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=federated tel coop,l=Chokio MN 56221, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer: **320-324-7111**

Study Area Code of Reporting Carrier

361390

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **FELTON TEL CO. INC.**

Signature of Authorized Officer: **Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=felton tel co. inc.,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Staci Malikowski**

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

Telephone number of Authorized Officer: **218-346-8498**

Study Area Code of Reporting Carrier

361391

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Garden Valley Telephone Company	
Signature of Authorized Officer			Date		
Joe O. Sandberg			May 19, 2014		
Printed name of Authorized Officer					
Joe O. Sandberg					
Title or position of Authorized Officer					
Treasurer					
Telephone number of Authorized Officer: (218-687-2400 ext.					
Study Area Code of Reporting Carrier		361395		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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **David Wolf**

Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gctel.net,O=gardonville coop tel,I= , Date:5/13/2014

Date: **5/13/2014**

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

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

Telephone number of Authorized Officer: **320-524-2211**

Study Area Code of Reporting Carrier

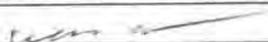
361396

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 THE REPORTING CARRIER

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Granada Telephone Comapny			
Signature of Authorized Officer 			Date 05/16/2014
Printed name of Authorized Officer William Eckles			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (507) 526-3252 ext.			
Study Area Code of Reporting Carrier	361399	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HALSTAD TEL CO

Signature of Authorized Officer: Tom Maroney

Digitally signed by Tom Maroney DN:cn=Tom Maroney,email=tmaroney@rrv.net,O=halstad tel co,l=Halstad MN 56548, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Tom Maroney

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 218-456-2125

Study Area Code of Reporting Carrier

361401

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Kevin Beyer**

Digitally signed by Kevin Beyer DN:cn=Kevin Beyer,email=kbeyer@fedtel.net,O=federated tel coop,l=Chokio MN 56221, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer: **320-324-7111**

Study Area Code of Reporting Carrier

361403

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HARMONY TEL CO

Signature of Authorized Officer: **Lorren Tingesdal**

Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabeltel.coop,O=harmony tel co,l=Harmony MN 55939, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Lorren Tingesdal

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 507-886-2525

Study Area Code of Reporting Carrier

361404

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ALLIANCE-HILLS MN

Signature of Authorized Officer: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills mn,l=Garretson SD 57030, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Kari Flanagan

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 605-594-8228

Study Area Code of Reporting Carrier

361405

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HOME TEL CO - MN

Signature of Authorized Officer: **Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel co - mn,l= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Staci Malikowski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-346-8498

Study Area Code of Reporting Carrier

361408

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HUTCHINSON TEL CO

Signature of Authorized Officer: **Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchinson tel co, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Curt Kawlewski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 507-233-4172

Study Area Code of Reporting Carrier

361409

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Johnson Telephone Company**

Signature of Authorized Officer *Donna Gunderson*

Date **5/16/2014**

Printed name of Authorized Officer **Donna Gunderson**

Title or position of Authorized Officer **Corporate Secretary**

Telephone number of Authorized Officer: **(218) 566-2302 ext.**

Study Area Code of Reporting Carrier

361410

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **KASSON & MANTORVILLE**

Signature of Authorized Officer: **Beth Tollefson**

Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=tollef@kmtel.com,O=kasson & mantorville,l= , Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Beth Tollefson**

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

Telephone number of Authorized Officer: **507-634-2511**

Study Area Code of Reporting Carrier

361412

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: LISMORE COOP TEL CO

Signature of Authorized Officer: **Tarri Joens**

Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=tjoens@lismoretel.com,O=lismore coop tel co,l=Lismore MN 56155-0127, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer: Tarri Joens

Title or position of Authorized Officer: Office Manager

Telephone number of Authorized Officer: 507-472-8748

Study Area Code of Reporting Carrier

361419

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Bonnie Simon**

Digitally signed by Bonnie Simon DN:cn=Bonnie Simon,email=bsimon@lonsdaletel.com,O=Lonsdale tel co,l=Lonsdale MN 55046, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Bonnie Simon**

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

Telephone number of Authorized Officer: **507-744-2311**

Study Area Code of Reporting Carrier

361422

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier <u>Runestone Telephone Association</u>			
Signature of Authorized Officer <u><i>John M. Kapphahn</i></u>		Date <u>5/14/2014</u>	
Printed name of Authorized Officer <u>John Kapphahn</u>			
Title or position of Authorized Officer <u>Secretary/Treasurer</u>			
Telephone number of Authorized Officer: <u>(320) 986-2013</u> ext.			
Study Area Code of Reporting Carrier	<u>361423</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. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MABEL COOP TEL - MN

Signature of Authorized Officer: **Lorren Tingesdal**

Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabeltel.coop,O=mabel coop tel - mn,l=Mabel MN 55954-0368, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Lorren Tingesdal

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 507-493-5411

Study Area Code of Reporting Carrier

361424

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CHRISTENSEN COMM CO**

Signature of Authorized Officer: **Andy Hennis**

Digitally signed by Andy Hennis DN:cn=Andy Hennis,email=andyh@chriscomco.net,O=christensen comm co, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Andy Hennis**

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

Telephone number of Authorized Officer: **507-642-5555**

Study Area Code of Reporting Carrier

361425

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 THE REPORTING CARRIER

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Manchester-Hartland Telephone Company			
Signature of Authorized Officer <i>Phillip Mooreim</i>			Date 05/12/2014
Printed name of Authorized Officer Phillip Mooreim			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (507) 826-3212 ext.			
Study Area Code of Reporting Carrier	361426	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(h), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MELROSE TEL CO

Signature of Authorized Officer: **Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski, email=staci.malikowski@arvig.com, O=melrose tel co, l= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Staci Malikowski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-346-8498

Study Area Code of Reporting Carrier

361430

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: MIDWEST TEL CO					
Signature of Authorized Officer: Staci Malikowski				Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=midwest tel co,l= , Date:5/19/2014	
Date: 5/19/2014					
Printed name of Authorized Officer: Staci Malikowski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 218-346-8498					
Study Area Code of Reporting Carrier	361431		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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Danny Busche**

Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=minnesota valley tel,l=Franklin MN 55333, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Danny Busche**

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

Telephone number of Authorized Officer: **507-557-2275**

Study Area Code of Reporting Carrier

361439

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Cannon Valley Telecom			
Signature of Authorized Officer 			Date 05/16/2014
Printed name of Authorized Officer William Eckles			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (507) 526-3252, ext.			
Study Area Code of Reporting Carrier	361440	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NEW ULM TELECOM, INC**

Signature of Authorized Officer: **Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=new ulm telecom, inc., Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Curt Kawlewski**

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

Telephone number of Authorized Officer: **507-233-4172**

Study Area Code of Reporting Carrier

361442

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **LORETEL SYSTEMS, INC**

Signature of Authorized Officer: **Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski, email=staci.malikowski@arvig.com, O=loretel systems, inc, | = , Date: 5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Staci Malikowski**

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

Telephone number of Authorized Officer: **218-346-8498**

Study Area Code of Reporting Carrier

361443

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski, email=staci.malikowski@arvig.com, O=osakis tel co,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Staci Malikowski**

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

Telephone number of Authorized Officer: **218-346-8498**

Study Area Code of Reporting Carrier

361448

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **PARK REGION MUTUAL**

Signature of Authorized Officer: **Dave Bickett**

Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=park region mutual,l=Underwood MN 56586-0277, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Dave Bickett**

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

Telephone number of Authorized Officer: **218-826-6161**

Study Area Code of Reporting Carrier

361450

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PAUL BUNYAN RURAL

Signature of Authorized Officer: Dave Schultz

Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=d Schultz@paulbunyan.net,O=paul bunyan rural, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Dave Schultz

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-444-1141

Study Area Code of Reporting Carrier

361451

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **PEOPLES TEL CO - MN**

Signature of Authorized Officer: **Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=peoples tel co - mn,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Staci Malikowski**

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

Telephone number of Authorized Officer: **218-346-8498**

Study Area Code of Reporting Carrier

361453

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Pine Island Telephone Company		Date 05/16/2014	
Signature of Authorized Officer			
Printed name of Authorized Officer William Eckles			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (507) 526-3252 , ext.			
Study Area Code of Reporting Carrier	361454	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2014
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: REDWOOD COUNTY TEL

Signature of Authorized Officer: **Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=redwood county tel, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Staci Malikowski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 218-346-8498

Study Area Code of Reporting Carrier

361472

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Rothsay Telephone Co. Inc.			
Signature of Authorized Officer 			Date 5/16/2014
Printed name of Authorized Officer Wayne Stowman			
Title or position of Authorized Officer Secy./Treas.			
Telephone number of Authorized Officer: (218) 867-2111 ext.			
Study Area Code of Reporting Carrier	361474	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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Runestone Telephone Association			
Signature of Authorized Officer <i>John M. Kapphahn</i>			Date 5/14/2014
Printed name of Authorized Officer John Kapphahn			
Title or position of Authorized Officer Secretary/Treasurer			
Telephone number of Authorized Officer: (320) 986-2013 ext.			
Study Area Code of Reporting Carrier	361475	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2014
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SACRED HEART TEL CO

Signature of Authorized Officer: **Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel co,lc=, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Bruce Hanson

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 320-847-2211

Study Area Code of Reporting Carrier

361476

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

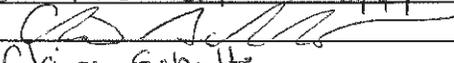
6/16/2014

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Scott Rice Telephone d/b/a Integra Telecom					
Signature of Authorized Officer						Date		5/13/2014	
Printed name of Authorized Officer				Claire Schulte					
Title or position of Authorized Officer				Senior Vice President Finance					
Telephone number of Authorized Officer:				360,558-4233 ext.					
Study Area Code of Reporting Carrier		361479		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SLEEPY EYE TEL CO

Signature of Authorized Officer: **Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=sleepy eye tel co, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Curt Kawlewski

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 507-233-4172

Study Area Code of Reporting Carrier

361483

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SPRING GROVE COMM.**

Signature of Authorized Officer: **Craig Otterness**

Digitally signed by Craig Otterness DN:cn=Craig Otterness,email=otter9@aol.com,O=spring grove comm.,l=Spring Grove MN 55974-0516, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Craig Otterness**

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

Telephone number of Authorized Officer: **507-498-3456**

Study Area Code of Reporting Carrier

361485

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: STARBUCK TEL CO					
Signature of Authorized Officer: Bruce Hanson				Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel co,l= , Date:5/15/2014	
Date: 5/15/2014					
Printed name of Authorized Officer: Bruce Hanson					
Title or position of Authorized Officer: Treasurer					
Telephone number of Authorized Officer: 320-847-2211					
Study Area Code of Reporting Carrier	361487		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **TWIN VALLEY-ULEN TEL**

Signature of Authorized Officer: **Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=twin valley-ulen tel, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Staci Malikowski**

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

Telephone number of Authorized Officer: **218-346-8498**

Study Area Code of Reporting Carrier

361491

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **UPSALA COOP TEL ASSN**

Signature of Authorized Officer: **Tony Gebhard**

Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala coop tel assn,i=Upsala MN 56384, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Tony Gebhard**

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

Telephone number of Authorized Officer: **320-573-1390**

Study Area Code of Reporting Carrier

361494

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: VALLEY TEL CO - MN					
Signature of Authorized Officer: Dave Bickett				Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@prtcl.com,O=valley tel co - mn,l=Underwood MN 56586-0277, Date:5/16/2014	
Date: 5/16/2014					
Printed name of Authorized Officer: Dave Bickett					
Title or position of Authorized Officer: General Manager/CEO					
Telephone number of Authorized Officer: 218-826-6161					
Study Area Code of Reporting Carrier	361495		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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Paul Hoge**

Digitally signed by Paul Hoge DN:cn=Paul Hoge,email=phoge@crosslake.net,O=crosslake tel co,l=Crosslake MN 56442, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer: **218-692-2777**

Study Area Code of Reporting Carrier

361499

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NORTHERN TEL CO - MN**

Signature of Authorized Officer: **Robert Riddell**

Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=northern tel co - mn,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Robert Riddell**

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

Telephone number of Authorized Officer: **218-488-6565**

Study Area Code of Reporting Carrier

361500

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier **West Central Telephone Assn.**

Signature of Authorized Officer  Date **5/15/14**

Printed name of Authorized Officer **Anthony V. Mayer**

Title or position of Authorized Officer **CEO**

Telephone number of Authorized Officer: **(218) 837-5151** ext.

Study Area Code of Reporting Carrier	361501	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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: WESTERN TEL CO					
Signature of Authorized Officer: Curt Kawlewski				Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=western tel co,l= , Date:5/12/2014	
Date: 5/12/2014					
Printed name of Authorized Officer: Curt Kawlewski					
Title or position of Authorized Officer: Chief Financial Officer					
Telephone number of Authorized Officer: 507-233-4172					
Study Area Code of Reporting Carrier	361502		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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Wikstrom Telephone Co Inc.**Signature of Authorized Officer *Leslie B. Wikstrom* Date **05/19/2014**Printed name of Authorized Officer **Leslie B. Wikstrom**Title or position of Authorized Officer **Vice President**Telephone number of Authorized Officer: **(218) 436-2121**, ext.Study Area Code of Reporting Carrier **361505** 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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: WINTHROP TEL CO

Signature of Authorized Officer: **Danny Busche**

Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=winthrop tel co,l=Franklin MN 55333, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer: Danny Busche

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 507-557-2275

Study Area Code of Reporting Carrier

361508

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Ronald Nelson**

Digitally signed by Ronald Nelson DN:cn=Ronald Nelson,email=ron.nelson@woodstocktel.net,O=woodstock tel co,l=Ruthton MN 56170, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Ronald Nelson**

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

Telephone number of Authorized Officer: **507-658-3830**

Study Area Code of Reporting Carrier

361510

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 THE REPORTING CARRIER,

Transmittal No. 1423

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 Wolverton Telephone Co				
Signature of Authorized Officer 				Date 5/9/2014
Printed name of Authorized Officer David L. Dunning				
Title or position of Authorized Officer Executive Vice President				
Telephone number of Authorized Officer: (701) 284-7221 , ext.				
Study Area Code of Reporting Carrier	361512	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: ZUMBROTA TEL CO

Signature of Authorized Officer: Bruce Hanson

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota tel co, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Bruce Hanson

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 320-847-2211

Study Area Code of Reporting Carrier

361515

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Interstate Telecommunications Cooperative, Inc.			
Signature of Authorized Officer <i>Warren Brandlee</i>			Date 5/8/14
Printed name of Authorized Officer Warren Brandlee			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (605) 874-2181 , ext.			
Study Area Code of Reporting Carrier	361654	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2014
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **John Koller**

Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.net,O=arapahoe tel co,l=Arapahoe NE 68922, Date:5/7/2014

Date: **5/7/2014**

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

Title or position of Authorized Officer: **VP Operations**

Telephone number of Authorized Officer: **308-962-7298**

Study Area Code of Reporting Carrier

371516

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=arlington tel co,l= , Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Joe Jetensky**

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

Telephone number of Authorized Officer: **402-426-6245**

Study Area Code of Reporting Carrier

371517

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ELSIE COMM., INC.**

Signature of Authorized Officer: **David Shipley**

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie comm.,inc.,l=Colorado City CO 81019, Date:5/15/2014

Date: **5/15/2014**

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

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

Telephone number of Authorized Officer: **866-542-6780**

Study Area Code of Reporting Carrier

371518

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **THE BLAIR TEL CO**

Signature of Authorized Officer: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=the blair tel co,l= , Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Joe Jetensky**

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

Telephone number of Authorized Officer: **402-426-6245**

Study Area Code of Reporting Carrier

371524

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **THREE RIVER TELCO**

Signature of Authorized Officer: **Neil Classen**

Digitally signed by Neil Classen DN:cn=Neil Classen,email=neil@threeriver.net,O=three river telco,l=Lynch NE 68746-0066, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Neil Classen**

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

Telephone number of Authorized Officer: **402-569-2666**

Study Area Code of Reporting Carrier

371525

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CAMBRIDGE TEL CO -NE

Signature of Authorized Officer: J. Shoemaker

Digitally signed by J. Shoemaker DN:cn=J. Shoemaker, email=tom.shoemaker@pnpt.com,O=cambridge tel co -ne,l=Cambridge NE 69022, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer: J. Shoemaker

Title or position of Authorized Officer: V P Regulatory Affairs

Telephone number of Authorized Officer: 308-697-3333

Study Area Code of Reporting Carrier

371526

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

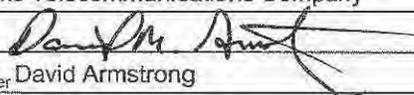
6/16/2014

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: CONSOLIDATED TELCO					
Signature of Authorized Officer: Wendy Thompson Fast				<small>Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco,l=Lincoln NE 68506-0147, Date:5/8/2014</small>	
Date: 5/8/2014					
Printed name of Authorized Officer: Wendy Thompson Fast					
Title or position of Authorized Officer: President					
Telephone number of Authorized Officer: 402-489-2728					
Study Area Code of Reporting Carrier	371530		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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Clarks Telecommunications Company			
Signature of Authorized Officer 	Date 5/16/14		
Printed name of Authorized Officer David Armstrong			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (402) 632-4202 ext.			
Study Area Code of Reporting Carrier	371531	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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Wendy Thompson Fast**

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated tel co,l=Lincoln NE 68506-0147, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Wendy Thompson Fast**

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

Telephone number of Authorized Officer: **420-489-0708**

Study Area Code of Reporting Carrier

371530

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Marcus Young**

Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung.ctc@cozadtel.net,O=cozad tel co,|= , Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer: **Marcus Young**

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

Telephone number of Authorized Officer: **308-784-4044**

Study Area Code of Reporting Carrier

371534

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Wendy Thompson Fast**

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=curtis tel co,l=Lincoln NE 68506-0147, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Wendy Thompson Fast**

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

Telephone number of Authorized Officer: **402-489-2728**

Study Area Code of Reporting Carrier

371536

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: DALTON TEL CO, INC

Signature of Authorized Officer: David Shipley

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton tel co, inc,l=Colorado City CO 81019, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: David Shipley

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 866-542-6779

Study Area Code of Reporting Carrier

371537

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Loren Duerksen**

Digitally signed by Loren Duerksen DN:cn=Loren Duerksen,email=lorend@diodecom.net,O=diller tel co,l=Diller NE 68342-0236, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Loren Duerksen**

Title or position of Authorized Officer: **Director of Operations**

Telephone number of Authorized Officer: **402-793-5330**

Study Area Code of Reporting Carrier

371540

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **EASTERN NEBRASKA TEL**

Signature of Authorized Officer: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=eastern nebraska tel, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Joe Jetensky**

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

Telephone number of Authorized Officer: **402-426-6245**

Study Area Code of Reporting Carrier

371542

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GLENWOOD TEL MEMBER**

Signature of Authorized Officer: **Stanley Rouse**

Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=glenwood tel member,I=Blue Hill NE 68930-0008, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Stanley Rouse**

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

Telephone number of Authorized Officer: **402-756-3131**

Study Area Code of Reporting Carrier

371553

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier Hamilton Telephone Company			
Signature of Authorized Officer 			Date 5-13-14
Printed name of Authorized Officer John Nelson			
Title or position of Authorized Officer Vice President			
Telephone number of Authorized Officer: (402) 694-5101 ext.			
Study Area Code of Reporting Carrier	371555	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **HARTINGTON TELECOM**

Signature of Authorized Officer: **William Dendinger**

Digitally signed by William Dendinger DN:cn=William Dendinger,email=billd@hartel.net,O=hartington telecom,l=Hartington NE 68739-0157, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **William Dendinger**

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

Telephone number of Authorized Officer: **402-254-3901**

Study Area Code of Reporting Carrier

371556

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier					Hartman Telephone Exchanges, Inc.						
Signature of Authorized Officer				<i>Loretta M Raile</i>				Date		05.16.2014	
Printed name of Authorized Officer					Loretta M. Raile						
Title or position of Authorized Officer					President						
Telephone number of Authorized Officer:					(308) 423-2000 ext.						
Study Area Code of Reporting Carrier			371557		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HEMINGFORD COOP TEL

Signature of Authorized Officer: **Tonya Mayer**

Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop tel,l=Hemingford NE 69348-0246, Date:5/9/2014

Date: 5/9/2014

Printed name of Authorized Officer: Tonya Mayer

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 308-487-3311

Study Area Code of Reporting Carrier

371558

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **HENDERSON CO-OP TEL**

Signature of Authorized Officer: **James Mestl**

Digitally signed by James Mestl DN:cn=James Mestl,email=jmestl@cornerstoneconnect.com,O=henders on co-op tel,l=Henderson NE 68371, Date:5/8/2014

Date: **5/8/2014**

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

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

Telephone number of Authorized Officer: **402-723-4448**

Study Area Code of Reporting Carrier

371559

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Rex Woolley**

Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey coop tel co,l=Hershey NE 69143, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Rex Woolley**

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

Telephone number of Authorized Officer: **308-368-5561**

Study Area Code of Reporting Carrier

371561

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CONSOLIDATED TELECOM**

Signature of Authorized Officer: **Wendy Thompson Fast**

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telecom,l=Lincoln NE 68506-0147, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Wendy Thompson Fast**

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

Telephone number of Authorized Officer: **402-489-2728**

Study Area Code of Reporting Carrier

371562

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Robert Gannon**

Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper tel co,l=Remsen IA 51050-0330, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Robert Gannon**

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

Telephone number of Authorized Officer: **712-786-5572**

Study Area Code of Reporting Carrier

371563

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **K & M TEL CO, INC**

Signature of Authorized Officer: **Thomas Magnuson**

Digitally signed by Thomas Magnuson DN:cn=Thomas Magnuson,email=tom.magnuson@kmtel.net,O=k & m tel co, inc,l=Chambers NE 68725, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Thomas Magnuson**

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

Telephone number of Authorized Officer: **402-482-5220**

Study Area Code of Reporting Carrier

371565

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **KEYSTONE-ARTHUR TEL**

Signature of Authorized Officer: **Stanley Rouse**

Digitally signed by Stanley Rouse DN:cn=Stanley Rouse,email=manager@glenwoodtelco.net,O=keystone-arthur tel,l=Blue Hill NE 68930-0008, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Stanley Rouse**

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

Telephone number of Authorized Officer: **402-756-3131**

Study Area Code of Reporting Carrier

371567

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NEBRASKA CENTRAL TEL**

Signature of Authorized Officer: **Nancy McGregor-Jader**

Digitally signed by Nancy McGregor-Jader DN:cn=Nancy McGregor-Jader,email=njader@nctc.net,O=nebraska central tel,l=Gibbon NE 68840-0700, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Nancy McGregor-Jader**

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

Telephone number of Authorized Officer: **308-468-6341**

Study Area Code of Reporting Carrier

371574

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

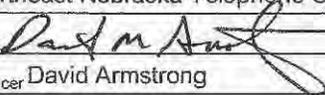
6/16/2014

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Northeast Nebraska Telephone Company	
Signature of Authorized Officer					
Printed name of Authorized Officer			David Armstrong		
Date			5-16-14		
Title or position of Authorized Officer					
President					
Telephone number of Authorized Officer: (402) 632-4321 ext.					
Study Area Code of Reporting Carrier		371576		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: GREAT PLAINS COMMUN

Signature of Authorized Officer: **Wyman Nelson**

Digitally signed by Wyman Nelson DN:cn=Wyman Nelson,email=wenelson@gpcom.com,O=great plains commun,|=Blair NE 68008, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Wyman Nelson

Title or position of Authorized Officer: Vice President & Chief Legal Counsel

Telephone number of Authorized Officer: 402-456-6594

Study Area Code of Reporting Carrier

371577

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Mary Bichlmeier**

Digitally signed by Mary Bichlmeier DN:cn=Mary Bichlmeier,email=maryb@piercetel.com,O=pierce tel co,l=Pierce NE 68767-0113, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Mary Bichlmeier**

Title or position of Authorized Officer: **Company Accountant**

Telephone number of Authorized Officer: **402-329-6225**

Study Area Code of Reporting Carrier

371581

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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer:

Hoyt Nye

Digitally signed by Hoyt Nye DN:cn=Hoyt Nye,email=hoytnye@gmail.com,O=plainview tel co,l=Plainview NE 68769-0117, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Hoyt Nye**

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

Telephone number of Authorized Officer: **402-582-4242**

Study Area Code of Reporting Carrier

371582

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ROCK COUNTY TEL CO**

Signature of Authorized Officer: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=rock county tel co, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Joe Jetensky**

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

Telephone number of Authorized Officer: **402-426-6245**

Study Area Code of Reporting Carrier

371586

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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SODTOWN TEL CO					
Signature of Authorized Officer: Mike Plautz				Digitally signed by Mike Plautz DN:cn=Mike Plautz,email=mplautz@hamilton.net,O=sodtown tel co,l= , Date:5/7/2014	
Date: 5/7/2014					
Printed name of Authorized Officer: Mike Plautz					
Title or position of Authorized Officer: Secretary					
Telephone number of Authorized Officer: 308-467-2310					
Study Area Code of Reporting Carrier	371590		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: SE NEBRASKA COMM INC					
Signature of Authorized Officer: Ray Joy				<small>Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=se nebraska comm inc,l= , Date:5/7/2014</small>	
Date: 5/7/2014					
Printed name of Authorized Officer: Ray Joy					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 402-245-4451					
Study Area Code of Reporting Carrier	371591		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **STANTON TELECOM INC.**

Signature of Authorized Officer: **Robert Paden**

Digitally signed by Robert Paden DN:cn=Robert Paden,email=rjpaden@stanton.net,O=stanton telecom inc.,l=Stanton NE 68779, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Robert Paden**

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

Telephone number of Authorized Officer: **402-439-2264**

Study Area Code of Reporting Carrier

371592

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier **Wauneta Telephone Company**

Signature of Authorized Officer *Loretta M Raile* Date **05.16.2014**

Printed name of Authorized Officer **Loretta M. Raile**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(308) 423-2000** ext.

Study Area Code of Reporting Carrier	371597	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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Benkelman Telephone Co., Inc.				
Signature of Authorized Officer <i>Loretta M. Raile</i>			Date 05.16.2014	
Printed name of Authorized Officer Loretta M. Raile				
Title or position of Authorized Officer President				
Telephone number of Authorized Officer: (308) 423-2000 ext.				
Study Area Code of Reporting Carrier	372455		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 THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Shawna Senger**

Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota tel co,l=Devils Lake ND 58301, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Shawna Senger**

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

Telephone number of Authorized Officer: **701-662-6428**

Study Area Code of Reporting Carrier

381447

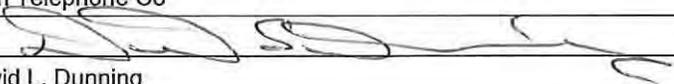
Filing Due Date for this form
(mm/dd/yyyy)

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 THE REPORTING CARRIER,

Transmittal No. 1423

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 Wolverton Telephone Co				
Signature of Authorized Officer 				Date 5/9/2014
Printed name of Authorized Officer David L. Dunning				
Title or position of Authorized Officer Executive Vice President				
Telephone number of Authorized Officer: (701) 284-7221 ext. _____				
Study Area Code of Reporting Carrier	381509	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	6/16/2014	_____
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>				

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Ann Faught**

Digitally signed by Ann Faught DN:cn=Ann Faught,email=ffarm@wtc-mail.net,O=absaraka coop tel co,l= , Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Ann Faught**

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

Telephone number of Authorized Officer: **701-896-3404**

Study Area Code of Reporting Carrier

381601

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				BEK Communications Cooperative	
Signature of Authorized Officer			<i>Brett Stroh</i>		Date
Printed name of Authorized Officer			Brett Stroh		5/19/2014
Title or position of Authorized Officer				President	
Telephone number of Authorized Officer:				(701) 475-2361, ext.	
Study Area Code of Reporting Carrier	381604	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.					

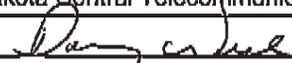
TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier Consolidated Telcom			
Signature of Authorized Officer <i>Brenda Volesky</i>			Date 5/12/14
Printed name of Authorized Officer Brenda Volesky			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (701) 483-4000 ext.			
Study Area Code of Reporting Carrier	381607	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 THE REPORTING CARRIER,

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

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

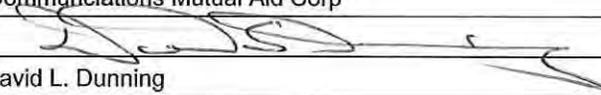
Name of Reporting Carrier				Dakota Central Telecommunications Cooperative	
Signature of Authorized Officer			Date		
			05/09/2014		
Printed name of Authorized Officer					
Doug Wede					
Title or position of Authorized Officer					
President					
Telephone number of Authorized Officer: (701) 652-3184 ext.					
Study Area Code of Reporting Carrier		381610		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 THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: DICKEY RURAL COOP					
Signature of Authorized Officer: Robert Johnson				Digitally signed by Robert Johnson DN:cn=Robert Johnson,email=rjohnson@dtel.com,O=dickey rural coop,l= , Date:5/19/2014	
Date: 5/19/2014					
Printed name of Authorized Officer: Robert Johnson					
Title or position of Authorized Officer: CEO/General Manager					
Telephone number of Authorized Officer: 701-344-6010					
Study Area Code of Reporting Carrier	381611		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 THE REPORTING CARRIER,

Transmittal No. 1423

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 Polar Communciations Mutual Aid Corp					
Signature of Authorized Officer 				Date 5/9/2014	
Printed name of Authorized Officer David L. Dunning					
Title or position of Authorized Officer GM/CEO					
Telephone number of Authorized Officer: (701) 284-7221 , ext. _____					
Study Area Code of Reporting Carrier	381614	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: GRIGGS COUNTY TEL CO

Signature of Authorized Officer: Tyler Kilde

Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tylerk@mlgc.biz,O=griggs county tel co,l=Enderlin ND 58027-0066, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer: Tyler Kilde

Title or position of Authorized Officer: VP/GM

Telephone number of Authorized Officer: 701-437-3417

Study Area Code of Reporting Carrier

381615

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **INTER-COMMUNITY TEL**

Signature of Authorized Officer: **Keith Andersen**

Digitally signed by Keith Andersen DN:cn=Keith Andersen,email=kander@ictc.com,O=inter-community tel,I=Nome ND 58062-0008, Date:5/13/2014

Date: **5/13/2014**

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

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

Telephone number of Authorized Officer: **701-924-8815**

Study Area Code of Reporting Carrier

381616

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MIDSTATE TEL CO

Signature of Authorized Officer: Mark Wilhelmi

Digitally signed by Mark Wilhelmi DN:cn=Mark Wilhelmi,email=markw@midstatetel.com,O=midstate tel co,l=Stanley ND 58784-0400, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Mark Wilhelmi

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 701-628-2522

Study Area Code of Reporting Carrier

381617

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: GRIGGS CTY (M&L)

Signature of Authorized Officer: Tyler Kilde

Digitally signed by Tyler Kilde DN:cn=Tyler Kilde,email=tylerk@mlgc.biz,O=griggs ct (m&l),l=Enderlin ND 58027-0066, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer: Tyler Kilde

Title or position of Authorized Officer: VP/GM

Telephone number of Authorized Officer: 701-437-3417

Study Area Code of Reporting Carrier

381622

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **NORTHWEST COMM COOP**

Signature of Authorized Officer: **Mike Steffan**

Digitally signed by Mike Steffan DN:cn=Mike Steffan,email=mikes@nccray.com,O=northwest comm coop,i=Ray ND 58849-0038, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer: **701-568-3331**

Study Area Code of Reporting Carrier

381625

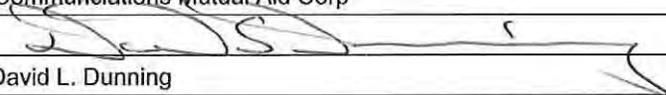
Filing Due Date for this form
(mm/dd/yyyy)

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 THE REPORTING CARRIER,

Transmittal No. 1423

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 Polar Communciations Mutual Aid Corp			
Signature of Authorized Officer 			Date 5/9/2014
Printed name of Authorized Officer David L. Dunning			
Title or position of Authorized Officer GM/CEO			
Telephone number of Authorized Officer: (701) 284-7221 ext. _____			
Study Area Code of Reporting Carrier	381630	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **RED RIVER COMM.**

Signature of Authorized Officer: **Jeffrey Olson**

Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jefolson@rrt.net,O=red river comm.,l=Abercrombie ND 58001, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Jeffrey Olson**

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

Telephone number of Authorized Officer: **701-553-8309**

Study Area Code of Reporting Carrier

381631

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Reservation Telephone Cooperative	
Signature of Authorized Officer			Date		
Printed name of Authorized Officer					
Title or position of Authorized Officer				CEO / General Manager	
Telephone number of Authorized Officer:				(701) 862-3115 ext.	
Study Area Code of Reporting Carrier		381632	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: UNITED TEL MUTUAL

Signature of Authorized Officer: Perry Oster

Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual,l=Langdon ND 58249-0729, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Perry Oster

Title or position of Authorized Officer: General Manager/CEO

Telephone number of Authorized Officer: 701-256-5156

Study Area Code of Reporting Carrier

381636

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **W. RIVER TELECOM.**

Signature of Authorized Officer: **Bonnie Krause**

Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=w. river telecom.,l=Hazen ND 58545-0467, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Bonnie Krause**

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

Telephone number of Authorized Officer: **701-748-4221**

Study Area Code of Reporting Carrier

381637

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MIDSTATE COMM.

Signature of Authorized Officer: Mark Wilhelmi

Digitally signed by Mark Wilhelmi DN:cn=Mark Wilhelmi,email=markw@midstatetel.com,O=midstate comm.,l=Stanley ND 58784-0400, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Mark Wilhelmi

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 701-628-2522

Study Area Code of Reporting Carrier

381638

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: NEMONT TEL COOP - ND

Signature of Authorized Officer: Remi Sun

Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop - nd,l=Scobey MT 59263-0600, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Remi Sun

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 406-783-2358

Study Area Code of Reporting Carrier

382247

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **SRT COMMUNICATIONS**

Signature of Authorized Officer: **Steve Lysne**

Digitally signed by Steve Lysne DN:cn=Steve Lysne,email=stevedl@srttel.com,O=srt communications,l=Minot ND 58702-2027, Date:5/13/2014

Date: **5/13/2014**

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

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

Telephone number of Authorized Officer: **701-858-5246**

Study Area Code of Reporting Carrier

383303

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ALLIANCE-HILLS SD**

Signature of Authorized Officer: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills sd,l=Garretson SD 57030, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Kari Flanagan**

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

Telephone number of Authorized Officer: **605-594-8228**

Study Area Code of Reporting Carrier

391405

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GOLDEN WEST-ARMOUR**

Signature of Authorized Officer: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-armour,l=Wall SD 57790-0411, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Dennis Law**

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

Telephone number of Authorized Officer: **605-279-2161**

Study Area Code of Reporting Carrier

391640

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ALLIANCE-BALTIC**

Signature of Authorized Officer: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,l=G arretson SD 57030, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Kari Flanagan**

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

Telephone number of Authorized Officer: **605-594-8228**

Study Area Code of Reporting Carrier

391642

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier				Cheyenne River Sioux Tribe Telephone Authority	
Signature of Authorized Officer			Date		
<i>Ivan Bruguiers</i>			5/7/2014		
Printed name of Authorized Officer					
Ivan Bruguiers					
Title or position of Authorized Officer					
Board Chairman					
Telephone number of Authorized Officer: (605) 964-2600 ext.					
Study Area Code of Reporting Carrier		391647		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **BERESFORD MUNICIPAL**

Signature of Authorized Officer: **Todd Hansen**

Digitally signed by Todd Hansen DN:cn=Todd Hansen,email=todd@bmtc.net,O=beresford municipal, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer: **605-763-2500**

Study Area Code of Reporting Carrier

391649

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 THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Knology Community Telephone, 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	391652	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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CITY OF FAITH MUNIC

Signature of Authorized Officer: **Debbie Brown**

Digitally signed by Debbie Brown DN:cn=Debbie Brown,email=faith@faithsd.com,O=city of faith munic,l=Faith SD 57626-0368, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer: Debbie Brown

Title or position of Authorized Officer: Finance Officer

Telephone number of Authorized Officer: 605-967-2261

Study Area Code of Reporting Carrier

391653

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 THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: Interstate Telecommunications Cooperative, Inc.				
Signature of Authorized Officer: <i>Warren Brandlee</i>				Date: 5/8/14
Printed name of Authorized Officer: Warren Brandlee				
Title or position of Authorized Officer: President				
Telephone number of Authorized Officer: (605) 874-2181 ext.				
Study Area Code of Reporting Carrier	391654		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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **ALLIANCE-SPLITROCK**

Signature of Authorized Officer: **Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-splitrock,|=Garretson SD 57030, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Kari Flanagan**

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

Telephone number of Authorized Officer: **605-594-8228**

Study Area Code of Reporting Carrier

391657

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GOLDEN WEST TELECOM**

Signature of Authorized Officer: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west telecom,|=Wall SD 57790-0411, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Dennis Law**

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

Telephone number of Authorized Officer: **605-279-2161**

Study Area Code of Reporting Carrier

391659

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 THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: FT RANDALL-MT RUSHMR

Signature of Authorized Officer: **Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=ft randall-mt rushmr, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Bruce Hanson

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 320-847-2211

Study Area Code of Reporting Carrier

391660

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.