

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>James Valley Cooperative Telephone Company</b>			
Signature of Authorized Officer <i>James Groft</i>			Date <b>5/14/14</b>
Printed name of Authorized Officer <b>James Groft</b>			
Title or position of Authorized Officer <b>CEO</b>			
Telephone number of Authorized Officer: <b>(605) 397-2323</b> ext.			
Study Area Code of Reporting Carrier	<b>391664</b>	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: JEFFERSON TEL CO -SD

Signature of Authorized Officer: Tom Connors

Digitally signed by Tom Connors DN:cn=Tom Connors,email=tomc@longlines.biz,O=jefferson tel co -sd,l=Jefferson SD 57038-0128, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer: Tom Connors

Title or position of Authorized Officer: Manager

Telephone number of Authorized Officer: 605-966-5631

Study Area Code of Reporting Carrier

391666

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

6/16/2014

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

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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-KADOKA**

Signature of Authorized Officer: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-kadoka,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

**391667**

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

**6/16/2014**

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

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

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

Signature of Authorized Officer: **Rod Bowar**

Digitally signed by Rod Bowar DN:cn=Rod Bowar,email=knbctel@kennebectelephone.com,O=kennebec tel co,l=Kennebec SD 57544, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Rod Bowar**

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

Telephone number of Authorized Officer: **605-869-2220**

Study Area Code of Reporting Carrier

**391668**

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

**6/16/2014**

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

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

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Name of Reporting Carrier: **TRIOTEL COMM-MCCOOK**

Signature of Authorized Officer: **Bryan Roth**

Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm-mccook,l=Salem SD 57058-0630, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer: **605-425-2238**

Study Area Code of Reporting Carrier

**391669**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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Name of Reporting Carrier: MIDSTATE COMM., INC.

Signature of Authorized Officer: **Mark Benton**

Digitally signed by Mark Benton DN:cn=Mark Benton,email=mark@midstaff.net,O=midstate comm.,inc.,l=Kimball SD 57355, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Mark Benton

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 605-778-6221

Study Area Code of Reporting Carrier

391670

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

6/16/2014

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

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

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Name of Reporting Carrier: WEST RIVER(MOBRIDGE)

Signature of Authorized Officer: **Bonnie Krause**

Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=west river(mobridge),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

391671

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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Name of Reporting Carrier: **ROBERTS COUNTY COOP**

Signature of Authorized Officer: **Scott Bostrom**

Digitally signed by Scott Bostrom DN:cn=Scott Bostrom,email=sbostrom@tnics.com,O=roberts county coop,l=New Effington SD 57255-0197, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Scott Bostrom**

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

Telephone number of Authorized Officer: **605-637-5211**

Study Area Code of Reporting Carrier

**391674**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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Name of Reporting Carrier: **SANTEL COMM. COOP.**

Signature of Authorized Officer: **Ryan Thompson**

Digitally signed by Ryan Thompson DN:cn=Ryan Thompson,email=rthompson@santel.net,O=santel comm. coop.,l=Woonsocket SD 57385-0067, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Ryan Thompson**

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

Telephone number of Authorized Officer: **605-796-8143**

Study Area Code of Reporting Carrier

**391676**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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-SIOUX VY**

Signature of Authorized Officer: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-sioux vy,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

**391677**

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

**6/16/2014**

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TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Interstate Telecommunications Cooperative, Inc.</b>			
Signature of Authorized Officer <i>Warren Brandlee</i>			Date <i>5/8/14</i>
Printed name of Authorized Officer <b>Warren Brandlee</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(605) 874-2181</b> , ext.			
Study Area Code of Reporting Carrier	<b>391679</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

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

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Name of Reporting Carrier: **VENTURE COMM. COOP**

Signature of Authorized Officer: **Randy Houdek**

Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=venture comm. coop,l=Highmore SD 57345-0157, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Randy Houdek**

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

Telephone number of Authorized Officer: **605-852-1111**

Study Area Code of Reporting Carrier

**391680**

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

**6/16/2014**

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

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

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

Name of Reporting Carrier: **TRIOTEL COMM(TRI-C)**

Signature of Authorized Officer: **Bryan Roth**

Digitally signed by Bryan Roth DN:cn=Bryan Roth,email=bkroth@triotel.com,O=triotel comm(tri-c),l=Salem SD 57058-0630, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer: **605-425-2238**

Study Area Code of Reporting Carrier

**391682**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">GOLDEN WEST-UNION</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Dennis Law</span>				Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-union,l=Wall SD 57790-0411, Date:5/12/2014	
Date: <span style="color: blue;">5/12/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">Dennis Law</span>					
Title or position of Authorized Officer: <span style="color: blue;">General Manager/CEO</span>					
Telephone number of Authorized Officer: <span style="color: blue;">605-279-2161</span>					
Study Area Code of Reporting Carrier	391684		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">VALLEY TELECOMM.</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Darin LaCoursiere</span>				<small>Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email=darin@valleytel.net,O=valleytelecomm.,l=Herreid SD 57632-0007, Date:5/14/2014</small>	
Date: <span style="color: blue;">5/14/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">Darin LaCoursiere</span>					
Title or position of Authorized Officer: <span style="color: blue;">CEO/GM</span>					
Telephone number of Authorized Officer: <span style="color: blue;">605-437-2615</span>					
Study Area Code of Reporting Carrier	391685		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GOLDEN WEST-VIVIAN**

Signature of Authorized Officer: **Dennis Law**

Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-vivian,1=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

**391686**

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

**6/16/2014**

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TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: WESTERN TEL CO.

Signature of Authorized Officer: Randy Houdek

Digitally signed by Randy Houdek DN:cn=Randy Houdek,email=rhoudek@venturecomm.net,O=western tel co.,l=Highmore SD 57345-0157, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Randy Houdek

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 605-852-1111

Study Area Code of Reporting Carrier

391688

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

6/16/2014

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TO BE COMPLETED BY THE REPORTING CARRIER.

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

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Name of Reporting Carrier: **WEST RIVER COOP**

Signature of Authorized Officer: **Reed Metzger**

Digitally signed by Reed Metzger DN:cn=Reed Metzger,email=rmetzger@wrctc.coop,O=west river coop,l=Bison SD 57620, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Reed Metzger**

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

Telephone number of Authorized Officer: **605-244-5213**

Study Area Code of Reporting Carrier

**391689**

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

**6/16/2014**

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TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>Arkansas Telephone Company</b>			
Signature of Authorized Officer <i>Randy McCaslin</i>			Date <b>05/12/2014</b>
Printed name of Authorized Officer <b>Randy McCaslin</b>			
Title or position of Authorized Officer <b>PRESIDENT</b>			
Telephone number of Authorized Officer: <b>(501) 745-2114</b> ext.			
Study Area Code of Reporting Carrier	<b>401692</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

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<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">CENTRAL ARKANSAS TEL</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Shirley Kinnaird</span>				<small>Digitally signed by Shirley Kinnaird DN:cn=Shirley Kinnaird,email=shirley@catc.net,O=central arkansas tel,l=Bismarck AR 71929-0130, Date:5/15/2014</small>	
Date: <span style="color: blue;">5/15/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">Shirley Kinnaird</span>					
Title or position of Authorized Officer: <span style="color: blue;">Office Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">501-865-3212</span>					
Study Area Code of Reporting Carrier	401697		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 ARKANSAS TEL

Signature of Authorized Officer: **Greg Ashcraft**

Digitally signed by Greg Ashcraft DN:cn=Greg Ashcraft,email=greg@satco.biz,O=south arkansas tel,l=Sheridan AR 72150, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Greg Ashcraft

Title or position of Authorized Officer: Secretary/Treasurer

Telephone number of Authorized Officer: 870-942-4344

Study Area Code of Reporting Carrier

401702

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

6/16/2014

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

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

Name of Reporting Carrier: **LAVACA TEL CO-AR**

Signature of Authorized Officer: **Keith Gibson**

Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ar,l=Lavaca AR 72941-0230, Date:5/20/2014

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer: **479-674-2211**

Study Area Code of Reporting Carrier

**401704**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **MADISON COUNTY TEL**

Signature of Authorized Officer: **Tom Shrum**

Digitally signed by Tom Shrum DN:cn=Tom Shrum,email=tomshrum@madisoncounty.net,O=madison county tel,l=Huntsville AR 72740, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Tom Shrum**

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

Telephone number of Authorized Officer: **479-738-2121**

Study Area Code of Reporting Carrier

**401709**

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

**6/16/2014**

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TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Kathy Stone**

Digitally signed by Kathy Stone DN:cn=Kathy Stone,email=magtel@magtel.com,O=magazine tel co,l=Magazine AR 72943, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Kathy Stone**

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

Telephone number of Authorized Officer: **479-969-2211**

Study Area Code of Reporting Carrier

**401710**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: MOUNTAIN VIEW TEL CO

Signature of Authorized Officer: Anne Schuhknecht

Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=mountain view tel co,l=Mountain Home AR 72654-1970, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Anne Schuhknecht

Title or position of Authorized Officer: Secretary-Treasurer

Telephone number of Authorized Officer: 870-425-3100

Study Area Code of Reporting Carrier

401712

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 ARKANSAS TEL**

Signature of Authorized Officer: **Steven Sanders, Jr.**

Digitally signed by Steven Sanders, Jr. DN:cn=Steven Sanders, Jr.,email=steven@natconet.com,O=north arkansas tel,=Flippin AR 72634-0209, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Steven Sanders, Jr.**

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

Telephone number of Authorized Officer: **870-453-9273**

Study Area Code of Reporting Carrier

**401713**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 GROVE TEL CO

Signature of Authorized Officer: Rick Reed

Digitally signed by Rick Reed DN:cn=Rick Reed,email=treed@pgtc.com,O=prairie grove tel co,l=Prairie Grove AR 72753-1010, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Rick Reed

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 479-846-7200

Study Area Code of Reporting Carrier

401718

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Rice Belt Telephone Company Inc.</b>			
Signature of Authorized Officer <i>Darby A. McCarty</i>			Date <b>05/13/2014</b>
Printed name of Authorized Officer <b>Darby A. McCarty</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(812) 876-2211 ext.</b>			
Study Area Code of Reporting Carrier	<b>401721</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **E RITTER TEL CO**

Signature of Authorized Officer: **John Strode**

Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=e ritter tel co,l=Jonesboro AR 72403, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer: **870-336-2345**

Study Area Code of Reporting Carrier

**401722**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **SW ARKANSAS TEL COOP**

Signature of Authorized Officer: **Tina Moore**

Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=sw arkansas tel coop,l= , Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Tina Moore**

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

Telephone number of Authorized Officer: **870-653-8222**

Study Area Code of Reporting Carrier

**401724**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: TRI-COUNTY TEL CO-AR

Signature of Authorized Officer: **John Strode**

Digitally signed by John Strode DN:cn=John Strode,email=john.strode@rittercommunications.com,O=tri-county tel co-ar,l=Jonesboro AR 72403, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: John Strode

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 870-336-2345

Study Area Code of Reporting Carrier

401726

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **WALNUT HILL TEL CO**

Signature of Authorized Officer: **Deborah Nobles**

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=walnut hill tel co,lc=, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Deborah Nobles**

Title or position of Authorized Officer: **VP Regulatory Affairs**

Telephone number of Authorized Officer: **904-688-0029**

Study Area Code of Reporting Carrier

**401729**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **YELCOT TEL CO INC**

Signature of Authorized Officer: **Anne Schuhknecht**

Digitally signed by Anne Schuhknecht DN:cn=Anne Schuhknecht,email=anne.schuhknecht@yelcot.com,O=yelcot tel co inc,l=Mountain Home AR 72654-1970, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Anne Schuhknecht**

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

Telephone number of Authorized Officer: **870-425-3100**

Study Area Code of Reporting Carrier

**401733**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **ARKWEST COMM., INC.**

Signature of Authorized Officer: **P. Sanders**

Digitally signed by P. Sanders DN:cn=P. Sanders,email=ptjr@arkwest.com,O=arkwest comm.,inc.,l=Danville AR 72833, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **P. Sanders**

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

Telephone number of Authorized Officer: **479-495-4242**

Study Area Code of Reporting Carrier

**401734**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 COUNTY TELEPHONE COMPANY	
Signature of Authorized Officer			<i>Karen Gilliam</i>		
Date			5/14/2014		
Printed name of Authorized Officer					
KAREN GILLIAM					
Title or position of Authorized Officer					
GENERAL MANAGER					
Telephone number of Authorized Officer: (479) 923-4200 ext.					
Study Area Code of Reporting Carrier		403031		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 VALLEY TELE-COM**

Signature of Authorized Officer: **Candace Wright**

Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-com, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Candace Wright**

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

Telephone number of Authorized Officer: **785-799-3657**

Study Area Code of Reporting Carrier

**411746**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: COUNCIL GROVE TEL CO

Signature of Authorized Officer: Dale Jones

Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=council grove tel co,l=Council Grove KS 66846-0299, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer: Dale Jones

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 620-767-5153

Study Area Code of Reporting Carrier

411758

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: CUNNINGHAM TEL CO

Signature of Authorized Officer: **Brent Cunningham**

Digitally signed by Brent Cunningham DN:cn=Brent Cunningham,email=brent@ctctelephony.tv,O=cunningham tel co,l=Glen Elder KS 67446-0108, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Brent Cunningham

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 785-545-3215

Study Area Code of Reporting Carrier

411761

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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 **Elkhart Telephone Co., Inc.**

Signature of Authorized Officer *Bob Boaldin*

Date **5/15/2014**

Printed name of Authorized Officer **Bob Boaldin**

Title or position of Authorized Officer **President**

Telephone number of Authorized Officer: **(620) 697-2111** ext.

Study Area Code of Reporting Carrier **411764**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 BELT TEL ASSN**

Signature of Authorized Officer: **Beau Rebel**

Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbta.net,O=golden belt tel assn,I=Rush Center KS 67575, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Beau Rebel**

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

Telephone number of Authorized Officer: **785-372-4236**

Study Area Code of Reporting Carrier

**411777**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">GORHAM TEL CO</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Tonya Murphy</span>				<small>Digitally signed by Tonya Murphy DN:cn=Tonya Murphy,email=tmurphy@gorhamtel.com,O=gorham tel co,l=Gorham KS 67640-0235, Date:5/20/2014</small>	
Date: <span style="color: blue;">5/20/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">Tonya Murphy</span>					
Title or position of Authorized Officer: <span style="color: blue;">Secretary/Treasurer</span>					
Telephone number of Authorized Officer: <span style="color: blue;">785-637-5300</span>					
Study Area Code of Reporting Carrier	411778		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: HAVILAND TEL CO

Signature of Authorized Officer: Mark Wade

Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandtelco.com,O=haviland tel co,l=Haviland KS 67059, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Mark Wade

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 620-862-5211

Study Area Code of Reporting Carrier

411780

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **H & B COMMUNICATIONS**

Signature of Authorized Officer: **Robert Koch**

Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications,I=Holyrood KS 67450, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer: **785-252-4000**

Study Area Code of Reporting Carrier

**411781**

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

**6/16/2014**

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

Signature of Authorized Officer: Tina Anderson

Digitally signed by Tina Anderson DN:cn=Tina Anderson,email=tanderson@hci-ks.com,O=home tel co,l=Galva KS 67443, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Tina Anderson

Title or position of Authorized Officer: Customer Acct & Billing Mgr/Secretary

Telephone number of Authorized Officer: 620-654-3381

Study Area Code of Reporting Carrier

411782

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: J. B. N. TEL CO INC

Signature of Authorized Officer: Roger DelFiacco

Digitally signed by Roger DelFiacco DN:cn=Roger DelFiacco,email=roger@jbntelco.com,O=j. b. n. tel co inc,l= , Date:5/18/2014

Date: 5/18/2014

Printed name of Authorized Officer: Roger DelFiacco

Title or position of Authorized Officer: Controller

Telephone number of Authorized Officer: 785-866-3402

Study Area Code of Reporting Carrier

411785

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **KANOKLA TEL ASSN-KS**

Signature of Authorized Officer: **Greg Aldridge**

Digitally signed by Greg Aldridge DN:cn=Greg Aldridge,email=greg@kanokla.com,O=kanokla tel assn-ks,l=Caldwell KS 67022-0111, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Greg Aldridge**

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

Telephone number of Authorized Officer: **620-845-5682**

Study Area Code of Reporting Carrier

**411788**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: MADISON TEL., LLC

Signature of Authorized Officer: Diantha Stutesman

Digitally signed by Diantha Stutesman DN:cn=Diantha Stutesman,email=madtel@madtel.net,O=madison tel.,llc,l=Madison KS 66860-0337, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer: Diantha Stutesman

Title or position of Authorized Officer: Board Secretary

Telephone number of Authorized Officer: 620-437-2356

Study Area Code of Reporting Carrier

411801

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: MOKAN DIAL INC-KS

Signature of Authorized Officer: Deborah Nobles

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=mokan dial inc-ks,l= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Deborah Nobles

Title or position of Authorized Officer: VP Regulatory Affairs

Telephone number of Authorized Officer: 904-688-0029

Study Area Code of Reporting Carrier

411807

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **MOUNDRIDGE TEL CO**

Signature of Authorized Officer: **Delonna Barnett**

Digitally signed by Delonna Barnett DN:cn=Delonna Barnett,email=speedo@mtelco.net,O=moundridge tel co,l=Moundridge KS 67107, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Delonna Barnett**

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

Telephone number of Authorized Officer: **620-345-2831**

Study Area Code of Reporting Carrier

**411808**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **MUTUAL TEL CO**

Signature of Authorized Officer: **John Tietjens**

Digitally signed by John Tietjens DN:cn=John Tietjens,email=jtietjens@mtc4me.com,O=mutual tel co,l=Little River KS 67457, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer: **620-897-6200**

Study Area Code of Reporting Carrier

**411809**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 TELECOM LLC**

Signature of Authorized Officer: **Kathy Billinger**

Digitally signed by Kathy Billinger DN:cn=Kathy Billinger,email=Kathy@peoplestelecom.net,O=peoples telecom llc,l=LaCygne KS 66040, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Kathy Billinger**

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

Telephone number of Authorized Officer: **913-757-2500**

Study Area Code of Reporting Carrier

**411814**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: CRAW-KAN TEL COOP

Signature of Authorized Officer: **Craig Wilbert**

Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=cwilbert@ckt.net,O=craw-kan tel coop,l=Girard KS 66743-0100, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Craig Wilbert

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 620-724-8235

Study Area Code of Reporting Carrier

411818

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: RAINBOW TELECOM

Signature of Authorized Officer: Beverly Armstrong

Digitally signed by Beverly Armstrong DN:cn=Beverly Armstrong,email=bev@rainbowtel.com,O=rainbow telecom,l=Everest KS 66424-0147, Date:5/9/2014

Date: 5/9/2014

Printed name of Authorized Officer: Beverly Armstrong

Title or position of Authorized Officer: DIRECTOR OF ADMINISTRATION

Telephone number of Authorized Officer: 785-548-7511

Study Area Code of Reporting Carrier

411820

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

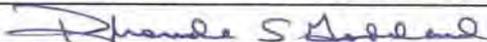
6/16/2014

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

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

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

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

Name of Reporting Carrier				Rural Telephone Service Co., Inc dba Nex-Tech		
Signature of Authorized Officer					Date	5/14/14
Printed name of Authorized Officer			Rhonda S. Goddard			
Title or position of Authorized Officer			Chief Operating Officer			
Telephone number of Authorized Officer: (785) 567-4281 ext.						
Study Area Code of Reporting Carrier	411826		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **S & T TEL COOP ASSN**

Signature of Authorized Officer: **Carolyn Somers**

Digitally signed by Carolyn Somers DN:cn=Carolyn Somers,email=crsomers@st-tel.net,O=s & t tel coop assn,l=Brewster KS 67732, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Carolyn Somers**

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

Telephone number of Authorized Officer: **785-694-2256**

Study Area Code of Reporting Carrier

**411827**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **S & A TEL CO INC**

Signature of Authorized Officer: **Janet Bathurst**

Digitally signed by Janet Bathurst DN:cn=Janet Bathurst,email=jbathurst@satelephone.com,O=s & a tel co inc,l=Allen KS 66833-0068, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Janet Bathurst**

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

Telephone number of Authorized Officer: **620-528-3223**

Study Area Code of Reporting Carrier

**411829**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **S. CENTRAL TEL - KS**

Signature of Authorized Officer: **Zack Odell**

Digitally signed by Zack Odell DN:cn=Zack Odell,email=zodell@sctelcom.com,O=s. central tel - ks, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Zack Odell**

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

Telephone number of Authorized Officer: **620-930-1020**

Study Area Code of Reporting Carrier

**411831**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: SOUTHERN KANSAS TEL

Signature of Authorized Officer: William McVey

Digitally signed by William McVey DN:cn=William McVey,email=bill@sktc.net,O=southern kansas tel,l=Clearwater KS 67026-0800, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: William McVey

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 620-584-8337

Study Area Code of Reporting Carrier

411833

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: TRI-COUNTY TEL ASSN

Signature of Authorized Officer: Dale Jones

Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel assn,l=Council Grove KS 66846-0299, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer: Dale Jones

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 620-767-5153

Study Area Code of Reporting Carrier

411839

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 TEL INC

Signature of Authorized Officer: **Scott Cissna**

Digitally signed by Scott Cissna DN:cn=Scott Cissna,email=scott.cissna@tvinc.net,O=twin valley tel inc,l= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Scott Cissna

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 785-427-9269

Study Area Code of Reporting Carrier

411840

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 TELEPHONE ASSOCIATION, INC.	
Signature of Authorized Officer		Date 05/15/2014	
Printed name of Authorized Officer		CRAIG MOCK	
Title or position of Authorized Officer		GENERAL MANAGER	
Telephone number of Authorized Officer:		(620) 227-8641 ext.	
Study Area Code of Reporting Carrier	411841	Filing Due Date for this form (mm/dd/yyyy)	06/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Steven Sackrider**

Digitally signed by Steven Sackrider DN:cn=Steven Sackrider,email=steve.sackrider@wamtelco.com,O=wamego tel co inc,l=Wamego KS 66547-0025, Date:5/15/2014

Date: **5/15/2014**

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

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

Telephone number of Authorized Officer: **785-456-1000**

Study Area Code of Reporting Carrier

**411845**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **WHEAT STATE TEL, INC**

Signature of Authorized Officer: **Arturo Macias**

Digitally signed by Arturo Macias DN:cn=Arturo Macias,email=agmacias@wheatstate.com,O=wheat state tel, inc,l=Udall KS 67146, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Arturo Macias**

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

Telephone number of Authorized Officer: **620-782-3341**

Study Area Code of Reporting Carrier

**411847**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **WILSON TEL CO INC**

Signature of Authorized Officer: **Brian Boisvert**

Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,I=Wilson KS 67490-0190, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Brian Boisvert**

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

Telephone number of Authorized Officer: **785-658-2111**

Study Area Code of Reporting Carrier

**411849**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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				Zenda Telephone Company, Inc	
Signature of Authorized Officer			Date		
John R Kuderna			May 19 2014		
Printed name of Authorized Officer					
John R Kuderna					
Title or position of Authorized Officer					
Vice President					
Telephone number of Authorized Officer:					
304 983 8692 ext.					
Study Area Code of Reporting Carrier		411852		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **TOTAH COMMUNICATIONS**

Signature of Authorized Officer: **Keith Watson**

Digitally signed by Keith Watson DN:cn=Keith Watson,email=kewatson@totelcsi.com,O=totah communications,l=Ochelata OK 74051-0300, Date:5/19/2014

Date: **5/19/2014**

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

Title or position of Authorized Officer: **Executive VP / Controller**

Telephone number of Authorized Officer: **918-535-2208**

Study Area Code of Reporting Carrier

**412030**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **BPS Tel. Co.**

Signature of Authorized Officer: **Lisa Winberry**

Digitally signed by Lisa Winberry DN:cn=Lisa Winberry,email=Winberry@BPSTelephone.com,O=bps tel. co.,l=Bernie MO 63822-0550, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Lisa Winberry**

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

Telephone number of Authorized Officer: **573-293-2277**

Study Area Code of Reporting Carrier

**420463**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: IAMO TEL CO - MO

Signature of Authorized Officer: **Jack Jones**

Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - mo,l=Coin IA 51636, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Jack Jones

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 712-583-3232

Study Area Code of Reporting Carrier

421206

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: CRAW-KAN TEL COOP-MO

Signature of Authorized Officer: **Craig Wilbert**

Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=cwilbert@ckt.net,O=craw-kan tel coop-mo,l=Girard KS 66743-0100, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Craig Wilbert

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 620-724-8235

Study Area Code of Reporting Carrier

421759

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: MOKAN DIAL INC-MO

Signature of Authorized Officer: Deborah Nobles

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=mokan dial inc-mo,l= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Deborah Nobles

Title or position of Authorized Officer: VP Regulatory Affairs

Telephone number of Authorized Officer: 904-688-0029

Study Area Code of Reporting Carrier

421807

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: ALMA COMM. CO.

Signature of Authorized Officer: **Adolf Heins**

Digitally signed by Adolf Heins DN:cn=Adolf Heins,email=aheins@almanet.net,O=alma comm. co.,l=Alma MO 64001, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Adolf Heins

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 660-674-2297

Study Area Code of Reporting Carrier

421860

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: CHARITON VALLEY TEL

Signature of Authorized Officer: James Simon

Digitally signed by James Simon DN:cn=James Simon,email=jsimon@charitonvalley.com,O=chariton valley tel,l=Macon MO 63552-0067, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: James Simon

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 660-395-9634

Study Area Code of Reporting Carrier

421864

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="float: right;">CITIZENS TEL CO - MO</span>					
Signature of Authorized Officer: <span style="float: right; color: blue; font-weight: bold;">Brian Cornelius</span>				Digitally signed by Brian Cornelius DN:cn=Brian Cornelius,email=blc@ctcis.net,O=citizens tel co - mo,l=Higginsville MO 64037-0737, Date:5/12/2014	
Date: <span style="float: right;">5/12/2014</span>					
Printed name of Authorized Officer: <span style="float: right;">Brian Cornelius</span>					
Title or position of Authorized Officer: <span style="float: right;">President &amp; General Manager</span>					
Telephone number of Authorized Officer: <span style="float: right;">660-584-6520</span>					
Study Area Code of Reporting Carrier	<span style="color: blue;">421865</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2014</span>	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Dee McCormack**

Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmccormack@mcmo.net,O=ellington tel co,l=Ellington MO 63638, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Dee McCormack**

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

Telephone number of Authorized Officer: **573-663-2000**

Study Area Code of Reporting Carrier

**421874**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>FARBER TELEPHONE COMPANY</b>			
Signature of Authorized Officer 			Date <b>05-07-2014</b>
Printed name of Authorized Officer <b>CHARLES W. CROW</b>			
Title or position of Authorized Officer <b>PRESIDENT</b>			
Telephone number of Authorized Officer: <b>(573) 249 9800</b>			
Study Area Code of Reporting Carrier	<b>421876</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: FIDELITY TEL CO

Signature of Authorized Officer: John Bell

Digitally signed by John Bell DN:cn=John Bell,email=john.bell@fidelitycommunications.com,O=fidelity tel co,l=, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer: John Bell

Title or position of Authorized Officer: CFO/VP - Finance

Telephone number of Authorized Officer: 573-468-1268

Study Area Code of Reporting Carrier

421882

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

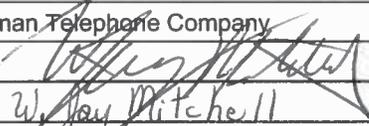
6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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				Goodman Telephone Company	
Signature of Authorized Officer			Date		
			May 8 2014		
Printed name of Authorized Officer			Wayne Mitchell		
Title or position of Authorized Officer			Vice-President		
Telephone number of Authorized Officer: (417) 776-2247, ext.					
Study Area Code of Reporting Carrier		421886	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **GRANBY TEL CO - MO**

Signature of Authorized Officer: **Cheri Johnson**

Digitally signed by Cheri Johnson DN:cn=Cheri Johnson,email=cheri@jscomm.net,O=granby tel co - mo,l=Granby MO 64844, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer: **417-472-5513**

Study Area Code of Reporting Carrier

**421887**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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	<i>Mark Yungeberg</i>		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	421888	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: GREEN HILLS TEL CORP

Signature of Authorized Officer: Renee Reeter

Digitally signed by Renee Reeter DN:cn=Renee Reeter,email=rreeter@ghc.com,O=green hills tel corp, , Date:5/9/2014

Date: 5/9/2014

Printed name of Authorized Officer: Renee Reeter

Title or position of Authorized Officer: Controller

Telephone number of Authorized Officer: 660-644-5011

Study Area Code of Reporting Carrier

421890

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **CHOCTAW TELEPHONE CO**

Signature of Authorized Officer: **Deborah Nobles**

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=choctaw telephone co,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Deborah Nobles**

Title or position of Authorized Officer: **VP Regulatory Affairs**

Telephone number of Authorized Officer: **904-688-0029**

Study Area Code of Reporting Carrier

**421893**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **KLM TEL CO**

Signature of Authorized Officer: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=klm 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

**421900**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **KINGDOM TELEPHONE CO**

Signature of Authorized Officer: **Marla McCowan**

Digitally signed by Marla McCowan DN:cn=Marla McCowan,email=mkmccowan@ktis.net,O=kingdom telephone co,l=Auxvasse MO 65231, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Marla McCowan**

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

Telephone number of Authorized Officer: **573-386-2241**

Study Area Code of Reporting Carrier

**421901**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **LE-RU TELEPHONE CO**

Signature of Authorized Officer: **Robert Hart**

Digitally signed by Robert Hart DN:cn=Robert Hart,email=hartb@leru.net,O=le-ru telephone co,l=Stella MO 64867-0147, Date:5/13/2014

Date: **5/13/2014**

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

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

Telephone number of Authorized Officer: **417-628-3844**

Study Area Code of Reporting Carrier

**421908**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **MCDONALD COUNTY TEL**

Signature of Authorized Officer: **Ross Babbitt**

Digitally signed by Ross Babbitt DN:cn=Ross Babbitt,email=rbabbitt@olemac.net,O=mcdonald county tel,l=Pineville MO 64856-0207, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Ross Babbitt**

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

Telephone number of Authorized Officer: **417-223-4313**

Study Area Code of Reporting Carrier

**421912**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: MARK TWAIN RURAL TEL

Signature of Authorized Officer: **Jim Lyon**

Digitally signed by Jim Lyon DN:cn=Jim Lyon,email=jlyon@marktwain.coop,O=mark twain rural tel,l=Hurdland MO 63547-0068, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer: Jim Lyon

Title or position of Authorized Officer: Executive VP / General Mgr

Telephone number of Authorized Officer: 660-423-5211

Study Area Code of Reporting Carrier

421914

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **OTELCO MID-MISSOURI**

Signature of Authorized Officer: **Dennis Andrews**

Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=otelco mid-missouri, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Dennis Andrews**

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

Telephone number of Authorized Officer: **256-586-1420**

Study Area Code of Reporting Carrier

**421917**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 <b>Miller Telephone Company</b>			
Signature of Authorized Officer <i>John R. Ludenia</i>			Date <i>5/20/2014</i>
Printed name of Authorized Officer <b>John Ludenia</b>			
Title or position of Authorized Officer <b>Vice President</b>			
Telephone number of Authorized Officer: <b>(304) 983-8642</b> , ext.			
Study Area Code of Reporting Carrier	<b>421920</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 FLORENCE TEL CO**

Signature of Authorized Officer: **Leonard May**

Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=new florence tel co,l=Rockland ID 83271, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Leonard May**

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

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

Study Area Code of Reporting Carrier

**421927**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **HOLWAY TEL CO**

Signature of Authorized Officer: **Joe Jetensky**

Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=holway 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

**421929**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **NE MISSOURI RURAL**

Signature of Authorized Officer: **James Sherburne**

Digitally signed by James Sherburne DN:cn=James Sherburne,email=jims@nemr.net,O=ne missouri rural,l=Green City MO 63545-0098, Date:5/12/2014

Date: **5/12/2014**

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

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

Telephone number of Authorized Officer: **660-874-4111**

Study Area Code of Reporting Carrier

**421931**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: Lathrop Telephone Company

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: 421932

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: OREGON FARMERS MUT

Signature of Authorized Officer: Wendy Ottman

Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=ottman@ofmlive.net,O=oregon farmers mut,I=Oregon MO 64473, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Wendy Ottman

Title or position of Authorized Officer: Assistant General Manager

Telephone number of Authorized Officer: 660-446-3391

Study Area Code of Reporting Carrier

421935

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: PEACE VALLEY TEL CO

Signature of Authorized Officer: Kelly Bosserman

Digitally signed by Kelly Bosserman DN:cn=Kelly Bosserman,email=kbosserman@hotmail.com,O=peace valley tel co,l=Peace Valley MO 65788-0009, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Kelly Bosserman

Title or position of Authorized Officer: V.P. Regulatory Affairs

Telephone number of Authorized Officer: 417-277-5550

Study Area Code of Reporting Carrier

421936

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 PORT TEL CO**

Signature of Authorized Officer: **Rick Bradley**

Digitally signed by Rick Bradley DN:cn=Rick Bradley,email=rbradley@rpt.coop,O=rock port tel co,l=Rock Port MO 64482-0147, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer: **660-744-5311**

Study Area Code of Reporting Carrier

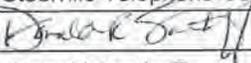
**421942**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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	Steelville Telephone Company		
Signature of Authorized Officer		Date	05/8/2014
Printed name of Authorized Officer	Donald Santhuff		
Title or position of Authorized Officer	General Manager		
Telephone number of Authorized Officer:	(573) 775-2111, ext.		
Study Area Code of Reporting Carrier	421949	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **LAVACA TEL CO-OK**

Signature of Authorized Officer: **Keith Gibson**

Digitally signed by Keith Gibson DN:cn=Keith Gibson,email=keithg@pinncom.com,O=lavaca tel co-ok,l=Lavaca AR 72941-0230, Date:5/20/2014

Date: **5/20/2014**

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

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

Telephone number of Authorized Officer: **479-674-2211**

Study Area Code of Reporting Carrier

**431704**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **KANOKLA TEL ASSN-OK**

Signature of Authorized Officer: **Greg Aldridge**

Digitally signed by Greg Aldridge DN:cn=Greg Aldridge,email=greg@kanokla.com,O=kanokla tel assn-ok,l=Caldwell KS 67022-0111, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Greg Aldridge**

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

Telephone number of Authorized Officer: **620-845-5682**

Study Area Code of Reporting Carrier

**431788**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: S. CENTRAL TEL - KZ

Signature of Authorized Officer: **Zack Odell**

Digitally signed by Zack Odell DN:cn=Zack Odell,email=zodell@sctelcom.com,O=s. central tel - ok,lc=US, Date:5/14/2014

Date: 5/84/2084

Printed name of Authorized Officer: ackOKdell

Title or position of Authorized Officer: Genercl Mcncger

Telephone number of Authorized Officer: 620-910-8020

Study Area Code of Reporting Carrier

418318

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

6/86/2084

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **ATLAS TEL CO**

Signature of Authorized Officer: **Barbara Summa**

Digitally signed by Barbara Summa DN:cn=Barbara Summa,email=barbaras@junct.com,O=atlas tel co,l=Big Cabin OK 74332-0077, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Barbara Summa**

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

Telephone number of Authorized Officer: **918-783-5111**

Study Area Code of Reporting Carrier

**431966**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **BEGGS TEL CO**

Signature of Authorized Officer: **Kay Mount**

Digitally signed by Kay Mount DN:cn=Kay Mount,email=staff@beggstelco.net,O=beggs tel co,l=Beggs OK 74421-0749, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer: **Kay Mount**

Title or position of Authorized Officer: **Pres. & General Manager**

Telephone number of Authorized Officer: **918-267-3636**

Study Area Code of Reporting Carrier

**431968**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **CANADIAN VALLEY TEL**

Signature of Authorized Officer: **Orlean Smith**

Digitally signed by Orlean Smith DN:cn=Orlean Smith,email=murphy@cvok.net,O=canadian valley tel,l=Crowder OK 74430, Date:5/14/2014

Date: **5/14/2014**

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

Title or position of Authorized Officer: **President / Gen Manager**

Telephone number of Authorized Officer: **918-334-3700**

Study Area Code of Reporting Carrier

**431974**

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

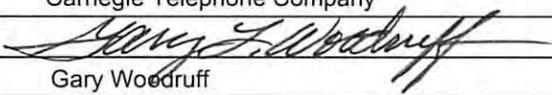
**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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		Carnegie Telephone Company	
Signature of Authorized Officer			Date 05/09 /2014
Printed name of Authorized Officer		Gary Woodruff	
Title or position of Authorized Officer		Vice President	
Telephone number of Authorized Officer: (580) 654-1002 ext.			
Study Area Code of Reporting Carrier	431976	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Steve Guest**

Digitally signed by Steve Guest DN:cn=Steve Guest,email=steve377@cotc.net,O=central oklahoma tel,l=Davenport OK 74026-0789, Date:5/16/2014

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer: **918-377-2241**

Study Area Code of Reporting Carrier

**431977**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **CHEROKEE TEL CO**

Signature of Authorized Officer: **Samuel Sanchez**

Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee tel co,l= , Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Samuel Sanchez**

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

Telephone number of Authorized Officer: **580-434-5375**

Study Area Code of Reporting Carrier

**431979**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: CHICKASAW TEL CO

Signature of Authorized Officer: **Larry Jones**

Digitally signed by Larry Jones DN:cn=Larry Jones,email=ldjones@chickasawphone.net,O=chickasaw tel co,l=Sulphur OK 73086-0460, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer: Larry Jones

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 580-622-5223

Study Area Code of Reporting Carrier

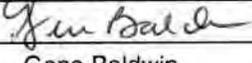
431980

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier	Cimarron Telephone Company		
Signature of Authorized Officer		Date	05/ 9/2014
Printed name of Authorized Officer	Gene Baldwin		
Title or position of Authorized Officer	Executive Vice President		
Telephone number of Authorized Officer:	(918) 865-3311 ext.		
Study Area Code of Reporting Carrier	431982	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p style="font-size: 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.</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				Cross Telephone Company	
Signature of Authorized Officer			Date 05/08/2014		
Printed name of Authorized Officer			Kim Collins		
Title or position of Authorized Officer			Assistant Secretary		
Telephone number of Authorized Officer: (918) 463-2921 ext.					
Study Area Code of Reporting Carrier		431985	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier: <b>Dobson Telephone Company</b>			
Signature of Authorized Officer: <i>T-L Force</i>			Date: <b>5/16/14</b>
Printed name of Authorized Officer: <b>Trent LeForce</b>			
Title or position of Authorized Officer: <b>CFO</b>			
Telephone number of Authorized Officer: <b>(405) 242-0336 ext.</b>			
Study Area Code of Reporting Carrier: <b>431988</b>	Filing Due Date for this form (mm/dd/yyyy): <b>6/16/2014</b>		
<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: GRAND TEL CO INC

Signature of Authorized Officer: Jason Anderson

Digitally signed by Jason Anderson DN:cn=Jason Anderson,email=jsanderson@grand.net,O=grand tel co inc,l=Jay OK 74346-0308, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Jason Anderson

Title or position of Authorized Officer: Controller/Co-Manager/2nd Vice President

Telephone number of Authorized Officer: 918-253-4231

Study Area Code of Reporting Carrier

431994

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: HINTON TEL CO

Signature of Authorized Officer: **Kenneth Doughty**

Digitally signed by Kenneth Doughty DN:cn=Kenneth Doughty,email=ken1tel@hintonet.net,O=hinton tel co,l=Hinton OK 73047, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Kenneth Doughty

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 405-542-3262

Study Area Code of Reporting Carrier

431995

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>McCloud Telephone Company</b>			
Signature of Authorized Officer <i>T-L</i>		Date <b>5/16/14</b>	
Printed name of Authorized Officer <b>Trent LeForce</b>			
Title or position of Authorized Officer <b>CFO</b>			
Telephone number of Authorized Officer: <b>(405) 242-0336 ext.</b>			
Study Area Code of Reporting Carrier	<b>432006</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **MEDICINE PARK TEL CO**

Signature of Authorized Officer: **Dean Pennello**

Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=deanp@mpelco.com,O=medicine park tel co,l=Medicine Park OK 73557, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Dean Pennello**

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

Telephone number of Authorized Officer: **580-529-2700**

Study Area Code of Reporting Carrier

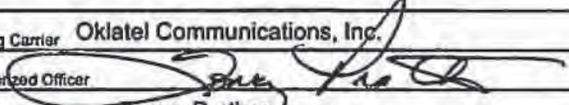
**432008**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Oklatel Communications, Inc.</b>			
Signature of Authorized Officer 			Date <b>May 19, 2014</b>
Printed name of Authorized Officer <b>Toney Prather</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(254) 893-4600 ext.</b>			
Study Area Code of Reporting Carrier	<b>432013</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: OKLAHOMA WESTERN TEL

Signature of Authorized Officer: **Pauline Van Horn**

Digitally signed by Pauline Van Horn DN:cn=Pauline Van Horn,email=pvanhorn@pisp.net,O=oklahoma western tel,l=Clayton OK 74536, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Pauline Van Horn

Title or position of Authorized Officer: Chairman

Telephone number of Authorized Officer: 918-569-4111

Study Area Code of Reporting Carrier

432014

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: PANHANDLE TEL COOP

Signature of Authorized Officer: **Shawn Hanson**

Digitally signed by Shawn Hanson DN:cn=Shawn Hanson,email=shawn.hanson@ptci.net,O=panhandle tel coop,l= , Date:5/9/2014

Date: 5/9/2014

Printed name of Authorized Officer: Shawn Hanson

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 580-338-2556

Study Area Code of Reporting Carrier

432016

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 TELEPHONE CO**

Signature of Authorized Officer: **John Callaham**

Digitally signed by John Callaham DN:cn=John Callaham,email=johnc@pine-net.com,O=pine telephone co,l=Broken Bow OK 74728, Date:5/19/2014

Date: **5/19/2014**

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

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

Telephone number of Authorized Officer: **580-584-2100**

Study Area Code of Reporting Carrier

**432017**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: PIONEER TEL COOP INC

Signature of Authorized Officer: Richard Ruhl

Digitally signed by Richard Ruhl DN:cn=Richard Ruhl,email=raruhl@ptci.com,O=pioneer tel coop inc,l=Kingfisher OK 73750-0539, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Richard Ruhl

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 405-375-0191

Study Area Code of Reporting Carrier

432018

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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				Pottawatomie Telephone Company	
Signature of Authorized Officer			Date 05/8/2014		
Printed name of Authorized Officer				Dan Overland	
Title or position of Authorized Officer				Vice President	
Telephone number of Authorized Officer:				4059975201, ext.	
Study Area Code of Reporting Carrier		432020	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: SALINA-SPAVINAW TEL

Signature of Authorized Officer: **Scott Boone**

Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Scott Boone

Title or position of Authorized Officer: Treasurer

Telephone number of Authorized Officer: 918-496-8166

Study Area Code of Reporting Carrier

432022

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: SHIDLER TEL CO

Signature of Authorized Officer: Lisa Patton

Digitally signed by Lisa Patton DN:cn=Lisa Patton,email=lisa@stinternet.net,O=shidler tel co,I=Shidler OK 74652, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Lisa Patton

Title or position of Authorized Officer: Vice President

Telephone number of Authorized Officer: 918-793-2211

Study Area Code of Reporting Carrier

432023

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: SW OKLAHOMA TEL CO

Signature of Authorized Officer: **George Wycoff**

Digitally signed by George Wycoff DN:cn=George Wycoff,email=swotc@brightok.net,O=sw oklahoma tel co,l=Duke OK 73532, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: George Wycoff

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

Telephone number of Authorized Officer: 580-679-3345

Study Area Code of Reporting Carrier

432025

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **TERRAL TEL CO**

Signature of Authorized Officer: **Dick Segress**

Digitally signed by Dick Segress DN:cn=Dick Segress,email=dick@ttslinx.com,O=terral tel co, Inc., Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Dick Segress**

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

Telephone number of Authorized Officer: **405-602-2408**

Study Area Code of Reporting Carrier

**432029**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **TOTAH COMMUNICATIONS**

Signature of Authorized Officer: **Keith Watson**

Digitally signed by Keith Watson DN:cn=Keith Watson,email=kewatson@totelcsi.com,O=totah communications,l=Ochelata OK 74051-0300, Date:5/19/2014

Date: **5/ 9/20/ 4**

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

Title or position of Authorized Officer: **Executive VP 6Controller**

Telephone number of Authorized Officer: **9/ 8-515-2208**

Study Area Code of Reporting Carrier

**412010**

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

**3/ 3/20/ 4**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **VALLIANT TEL CO**

Signature of Authorized Officer: **Tommy Dorries**

Digitally signed by Tommy Dorries DN:cn=Tommy Dorries,email=tdorries@valliant.net,O=valliant tel co,l=Valliant OK 74764, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Tommy Dorries**

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

Telephone number of Authorized Officer: **580-933-4400**

Study Area Code of Reporting Carrier

**432032**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: SANTA ROSA TEL COOP

Signature of Authorized Officer: Jason Tole

Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer: Jason Tole

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 940-886-2014

Study Area Code of Reporting Carrier

432141

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: CAMERON TEL CO TEXAS

Signature of Authorized Officer: **Bruce Petry**

Digitally signed by Bruce Petry DN:cn=Bruce Petry,email=bruce.petry@camtel.com,O=cameron tel co texas,l=Sulphur LA 70664-0167, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Bruce Petry

Title or position of Authorized Officer: President/General Manager

Telephone number of Authorized Officer: 337-583-2092

Study Area Code of Reporting Carrier

440425

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **BLOSSOM TEL CO**

Signature of Authorized Officer: **C. Dorries**

Digitally signed by C. Dorries DN:cn=C.  
 Dorries,email=Clint@blossomtel.net,O=blossom tel  
 co,l=Blossom TX 75416-0008, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **C. Dorries**

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

Telephone number of Authorized Officer: **903-982-5200**

Study Area Code of Reporting Carrier

**442038**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier <b>Big Bend Telephone</b>			
Signature of Authorized Officer <i>Russell A. Moore</i>			Date <b>5/19/14</b>
Printed name of Authorized Officer <b>Russell A. Moore</b>			
Title or position of Authorized Officer <b>General Manager</b>			
Telephone number of Authorized Officer: <b>432,361,080 ext.</b>			
Study Area Code of Reporting Carrier	<b>442039</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: BRAZORIA TEL CO

Signature of Authorized Officer: **Gil Rasco**

Digitally signed by Gil Rasco DN:cn=Gil Rasco,email=gil@btel.com,O=brazoria tel co,I=Brazoria TX 77422, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Gil Rasco

Title or position of Authorized Officer: Vice President, Operations

Telephone number of Authorized Officer: 979-798-2121

Study Area Code of Reporting Carrier

442040

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: BRAZOS TEL COOP INC

Signature of Authorized Officer: Lonnie Rue

Digitally signed by Lonnie Rue DN:cn=Lonnie Rue,email=lrue@brazosnet.com,O=brazos tel coop inc, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Lonnie Rue

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 940-873-4303

Study Area Code of Reporting Carrier

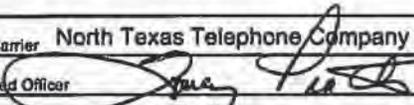
442041

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>North Texas Telephone Company</b>			
Signature of Authorized Officer 			Date <b>May 19, 2014</b>
Printed name of Authorized Officer <b>Toney Prather</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(254) 893-4600 ext.</b>			
Study Area Code of Reporting Carrier	<b>442043</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: CAP ROCK TEL COOP

Signature of Authorized Officer: **Jim Whitefield**

Digitally signed by Jim Whitefield DN:cn=Jim Whitefield,email=advisory@caprock-spur.com,O=cap rock tel coop,l=Spur TX 79370-0300, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer: Jim Whitefield

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

Telephone number of Authorized Officer: 806-271-3336

Study Area Code of Reporting Carrier

442046

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **CENTRAL TEXAS CO-OP**

Signature of Authorized Officer: **Jamey Wigley**

Digitally signed by Jamey Wigley DN:cn=Jamey Wigley,email=jameyw@centexnet.com,O=central texas co-op,l=Goldthwaite TX 76844, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Jamey Wigley**

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

Telephone number of Authorized Officer: **325-648-2237**

Study Area Code of Reporting Carrier

**442052**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: COLEMAN COUNTY CO-OP

Signature of Authorized Officer: **Tim Humpert**

Digitally signed by Tim Humpert DN:cn=Tim Humpert,email=timh@web-access.net,O=coleman county co-op,l=Santa Anna TX 76878, Date:5/9/2014

Date: 5/9/2014

Printed name of Authorized Officer: Tim Humpert

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 325-348-3124

Study Area Code of Reporting Carrier

442057

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

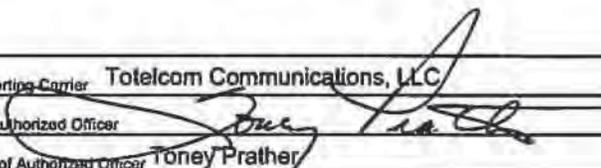
6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Colorado Valley Telephone Cooperative, Inc.</b>				
Signature of Authorized Officer <i>Scott Martin</i>				Date <b>May 8, 2014</b>
Printed name of Authorized Officer <b>Scott Martin</b>				
Title or position of Authorized Officer <b>General Manager/Authorized Agent</b>				
Telephone number of Authorized Officer <b>(979) 242-5911</b> ext.				
Study Area Code of Reporting Carrier	<b>442059</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
<div style="text-align: center;">  </div>			
Name of Reporting Carrier <b>Totecom Communications, LLC</b>		Date <b>May 19, 2014</b>	
Signature of Authorized Officer		Date	
Printed name of Authorized Officer <b>Toney Prather</b>			
Title or position of Authorized Officer <b>President</b>			
Telephone number of Authorized Officer: <b>(254) 893-1000 ext.</b>			
Study Area Code of Reporting Carrier	<b>442060</b>	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Clifford Humpert**

Digitally signed by Clifford Humpert DN:cn=Clifford Humpert,email=cliffhumpert@comcell.net,O=community tel co,l=Windthorst TX 76389, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Clifford Humpert**

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

Telephone number of Authorized Officer: **940-423-6201**

Study Area Code of Reporting Carrier

**442061**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: CUMBY TEL COOP INC

Signature of Authorized Officer: **Karen Zimmerman**

Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenz@cumbytel.com,O=cumby tel coop inc,I=Cumby TX 75433, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Karen Zimmerman

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 903-994-2211

Study Area Code of Reporting Carrier

442065

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **DELL TEL. CO-OP - TX**

Signature of Authorized Officer: **Marcy Guillen**

Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel. co-op - tx,| = , Date:5/12/2014

Date: **5/12/2014**

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

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

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

Study Area Code of Reporting Carrier

**442066**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **EASTEX TEL COOP INC**

Signature of Authorized Officer: **Steve Alexander**

Digitally signed by Steve Alexander DN:cn=Steve Alexander,email=steve@eastex.net,O=eastex tel coop inc,l=Henderson TX 75653-0150, Date:5/8/2014

Date: **5/8/2014**

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

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

Telephone number of Authorized Officer: **903-854-1121**

Study Area Code of Reporting Carrier

**442068**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **ELECTRA TELEPHONE CO**

Signature of Authorized Officer: **Deborah Nobles**

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=electra telephone co,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Deborah Nobles**

Title or position of Authorized Officer: **VP Regulatory Affairs**

Telephone number of Authorized Officer: **904-688-0029**

Study Area Code of Reporting Carrier

**442069**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **FIVE AREA TEL CO-OP**

Signature of Authorized Officer: **Sandy Vandevender**

Digitally signed by Sandy Vandevender DN:cn=Sandy Vandevender,email=sandyv@fivearea.com,O=five area tel co-op,l=Muleshoe TX 79347-0448, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Sandy Vandevender**

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

Telephone number of Authorized Officer: **806-272-5533**

Study Area Code of Reporting Carrier

**442071**

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

**6/16/2014**

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

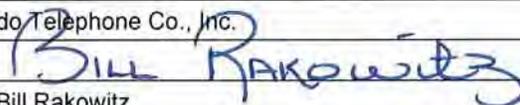
TO BE COMPLETED BY THE REPORTING CARRIER,

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>Border to Border Communications</i>		
Signature of Authorized Officer	<i>Curtis H. Hunt</i>	Date	<i>5/09/14</i>
Printed name of Authorized Officer	<i>Curtis H. Hunt</i>		
Title or position of Authorized Officer	<i>Secy. Treasurer</i>		
Telephone number of Authorized Officer: (     )     . ext.	<i>956 936 5243</i>		
Study Area Code of Reporting Carrier	<i>44-2073</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**

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

Name of Reporting Carrier				Ganado Telephone Co., Inc.	
Signature of Authorized Officer					
Printed name of Authorized Officer			Bill Rakowitz		
Date			05/09/2014		
Title or position of Authorized Officer					
General Manager					
Telephone number of Authorized Officer: (361) 771-3331 ext.					
Study Area Code of Reporting Carrier		442076		Filing Due Date for this form (mm/dd/yyyy)	
				6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **GUADALUPE VALLEY TEL**

Signature of Authorized Officer: **Robert Hunt**

Digitally signed by Robert Hunt DN:cn=Robert Hunt,email=robert.hunt@gvtc.net,O=guadalupe valley tel,l= , Date:5/14/2014

Date: **5/14/2014**

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

Title or position of Authorized Officer: **VP-Regulatory Affairs & Corp. Dev.**

Telephone number of Authorized Officer: **830-885-8239**

Study Area Code of Reporting Carrier

**442083**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 **Hill Country Telephone Cooperative, Inc.**

Signature of Authorized Officer *Willard R. Bass*

Date **5/19/2014**

Printed name of Authorized Officer **Willard R. Bass**

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

Telephone number of Authorized Officer: **(830) 367-5333**, ext.

Study Area Code of Reporting Carrier

**442086**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **ALENCO COMMUNICATION**

Signature of Authorized Officer: **Ray Bussell**

Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communication,l=Joshua TX 76058, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Ray Bussell**

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

Telephone number of Authorized Officer: **817-447-0127**

Study Area Code of Reporting Carrier

**442090**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: ETS TEL. CO., INC.

Signature of Authorized Officer: Von Kauffman

Digitally signed by Von Kauffman DN:cn=Von Kauffman,email=vkauffman@entouch.net,O=ets tel. co., inc., Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Von Kauffman

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 281-225-0525

Study Area Code of Reporting Carrier

442091

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **INDUSTRY TEL CO**

Signature of Authorized Officer: **Karen Raeke**

Digitally signed by Karen Raeke DN:cn=Karen Raeke,email=kraeke@industrytelco.com,O=industry tel co,l=Industry TX 78944, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Karen Raeke**

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

Telephone number of Authorized Officer: **979-357-4411**

Study Area Code of Reporting Carrier

**442093**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: LA WARD TEL EXCHANGE

Signature of Authorized Officer: Terri Parker

Digitally signed by Terri Parker DN:cn=Terri Parker,email=terri@laward.org,O=la ward tel exchange,l=La Ward TX 77970-0246, Date:5/9/2014

Date: 5/9/2014

Printed name of Authorized Officer: Terri Parker

Title or position of Authorized Officer: Secretary/Treasurer

Telephone number of Authorized Officer: 361-872-2211

Study Area Code of Reporting Carrier

442103

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: LIPAN TEL CO

Signature of Authorized Officer: **Beth Howard**

Digitally signed by Beth Howard DN:cn=Beth Howard,email=bethh@lipan.net,O=lipan tel co,l=Lipan TX 76462, Date:5/9/2014

Date: 5/9/2014

Printed name of Authorized Officer: Beth Howard

Title or position of Authorized Officer: Sec / Treasurer

Telephone number of Authorized Officer: 254-646-2211

Study Area Code of Reporting Carrier

442105

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: MID-PLAINS RURAL TEL

Signature of Authorized Officer: Rick Hurt

Digitally signed by Rick Hurt DN:cn=Rick Hurt,email=rhurt@midplains.org,O=mid-plains rural tel,l=Tulia TX 79088-0300, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer: Rick Hurt

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 806-668-4420

Study Area Code of Reporting Carrier

442112

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **MUENSTER DBA NORTEX**

Signature of Authorized Officer: **Alan Rohmer**

Digitally signed by Alan Rohmer DN:cn=Alan Rohmer,email=arohmer@nortex.com,O=muenster dba nortex,l=Muenster TX 76252, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Alan Rohmer**

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

Telephone number of Authorized Officer: **940-759-2251**

Study Area Code of Reporting Carrier

**442116**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 Telephone Cooperative, Inc.	
Signature of Authorized Officer			Date		
<i>Steven Steele</i>			05/08/2014		
Printed name of Authorized Officer					
Steven Steele					
Title or position of Authorized Officer					
GM/CEO					
Telephone number of Authorized Officer: (903) 878-3132 ext.					
Study Area Code of Reporting Carrier		442130	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **POKA-LAMBRO TEL COOP**

Signature of Authorized Officer: **David McEndree**

Digitally signed by David McEndree DN:cn=David McEndree,email=dmc@poka.com,O=poka-lambro tel coop,l=Tahoka TX 79373-1340, Date:5/8/2014

Date: **5/8/2014**

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

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

Telephone number of Authorized Officer: **806-924-7234**

Study Area Code of Reporting Carrier

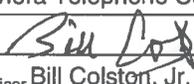
**442131**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: Riviera Telephone Company, Inc.			
Signature of Authorized Officer: 			Date: 05/08/2014
Printed name of Authorized Officer: Bill Colston, Jr.			
Title or position of Authorized Officer: President/General Manager			
Telephone number of Authorized Officer: (361) 296-3232, ext.			
Study Area Code of Reporting Carrier	442134	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 TEXAS TEL**

Signature of Authorized Officer: **Gary Gilmer**

Digitally signed by Gary Gilmer DN:cn=Gary Gilmer,email=gary@swtexas.com,O=southwest texas tel,l=Rocksprings TX 78880, Date:5/9/2014

Date: **5/9/2014**

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

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

Telephone number of Authorized Officer: **830-683-2111**

Study Area Code of Reporting Carrier

**442135**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: SANTA ROSA TEL COOP

Signature of Authorized Officer: Jason Tole

Digitally signed by Jason Tole DN:cn=Jason Tole,email=jason.tole@srcaccess.net,O=santa rosa tel coop,l=Vernon TX 76385, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer: Jason Tole

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 940-886-2014

Study Area Code of Reporting Carrier

442141

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 PLAINS TEL

Signature of Authorized Officer: **Scotty Hart**

Digitally signed by Scotty Hart DN:cn=Scotty Hart,email=scotthart@sptc.net,O=south plains tel,l=Lubbock TX 79408-1379, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer: Scotty Hart

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 806-763-2301

Study Area Code of Reporting Carrier

442143

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **TATUM TEL CO**

Signature of Authorized Officer: **Deborah Nobles**

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=tatum tel co,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Deborah Nobles**

Title or position of Authorized Officer: **VP Regulatory Affairs**

Telephone number of Authorized Officer: **904-688-0029**

Study Area Code of Reporting Carrier

**442150**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: TAYLOR TEL CO-OP INC

Signature of Authorized Officer: Steve Singletary

Digitally signed by Steve Singletary DN:cn=Steve Singletary,email=steves@taylortel.net,O=taylor tel co-op inc,l=Merkel TX 79536, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer: Steve Singletary

Title or position of Authorized Officer: General Manager/CEO

Telephone number of Authorized Officer: 325-846-4111

Study Area Code of Reporting Carrier

442151

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier				Valley Telephone Cooperative Inc.	
Signature of Authorized Officer			Date 05/15/14		
Printed name of Authorized Officer Dave Osborn					
Title or position of Authorized Officer CEO					
Telephone number of Authorized Officer: (956) 642-1124, ext.					
Study Area Code of Reporting Carrier		442159	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 Texas Rural Telephone Cooperative, Inc.	
Signature of Authorized Officer					Date
Printed name of Authorized Officer			Amy Linzey		05/09/2014
Title or position of Authorized Officer			CEO / General Manager		
Telephone number of Authorized Officer: (806) 364-3331 ext.					
Study Area Code of Reporting Carrier	442166	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **WES-TEX TEL CO-OP**

Signature of Authorized Officer: **James Wilson**

Digitally signed by James Wilson DN:cn=James Wilson,email=jamesbobwilson@aol.com,O=wes-tex tel co-op,l=Stanton TX 79782, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer: **432-756-3393**

Study Area Code of Reporting Carrier

**442168**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **XIT RURAL TEL CO-OP**

Signature of Authorized Officer: **Darrell Dennis**

Digitally signed by Darrell Dennis DN:cn=Darrell Dennis,email=ddennis@xitcomm.net,O=xit rural tel co-op,l=Dalhart TX 79022, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Darrell Dennis**

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

Telephone number of Authorized Officer: **806-384-3311**

Study Area Code of Reporting Carrier

**442170**

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

**6/16/2014**

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

442262

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier ENMR Telephone Cooperative TX			
Signature of Authorized Officer <i>David J Robinson</i>			Date 5/19/2014
Printed name of Authorized Officer David J Robinson			
Title or position of Authorized Officer Chief Financial Officer			
Telephone number of Authorized Officer: (575) 389-5100 ext.			
Study Area Code of Reporting Carrier	442262	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: HOPI TELECOMM, INC.

Signature of Authorized Officer: **Carroll Onsaе**

Digitally signed by Carroll Onsaе DN:cn=Carroll Onsaе,email=consae@hopitelecom.com,O=hopi telecomm, inc.,l= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: Carroll Onsaе

Title or position of Authorized Officer: President/General Manager

Telephone number of Authorized Officer: 928-522-8428

Study Area Code of Reporting Carrier

450815

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

6/16/2014

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

452169

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
Name of Reporting Carrier <b>San Carlos Apache Telecommunication Utility, Inc.</b>			
Signature of Authorized Officer <i>Shirley Ortiz</i>			Date <i>05/15/2014</i>
Printed name of Authorized Officer <b>Shirley Ortiz</b>			
Title or position of Authorized Officer <b>CEO/General Manager</b>			
Telephone number of Authorized Officer: <b>(928) 475-7058</b> ext.			
Study Area Code of Reporting Carrier	<b>452169</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier <b>Tohono O'odham Utility Authority</b>			
Signature of Authorized Officer <i>Harriet Toro</i>			Date <b>5/15/2014</b>
Printed name of Authorized Officer <b>Harriet Toro</b>			
Title or position of Authorized Officer <b>Chairwoman</b>			
Telephone number of Authorized Officer: <b>(423) 383-2236</b> ext.			
Study Area Code of Reporting Carrier	<b>452173</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="color: blue;">VALLEY TEL COOP-AZ</span>					
Signature of Authorized Officer: <span style="color: blue; font-weight: bold;">Steven Metts</span>				<small>Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop-az,l=Willcox AZ 85644, Date:5/15/2014</small>	
Date: <span style="color: blue;">5/15/2014</span>					
Printed name of Authorized Officer: <span style="color: blue;">Steven Metts</span>					
Title or position of Authorized Officer: <span style="color: blue;">CEO / General Manager</span>					
Telephone number of Authorized Officer: <span style="color: blue;">520-384-2231</span>					
Study Area Code of Reporting Carrier	452176		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: **GILA RIVER TELECOM.**

Signature of Authorized Officer: **Derek White**

Digitally signed by Derek White DN:cn=Derek White,email=dwhite@gilarivertel.com,O=gila river telecom.,l=Chandler AZ 85226, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **Derek White**

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

Telephone number of Authorized Officer: **520-796-8845**

Study Area Code of Reporting Carrier

**452179**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: ACCIPITER DBA ZONA

Signature of Authorized Officer: Jennifer Vellucci

Digitally signed by Jennifer Vellucci DN:cn=Jennifer Vellucci,email=jvellucci@teamzona.com,O=accipiter dba zona,l= , Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer: Jennifer Vellucci

Title or position of Authorized Officer: Vice President/CFO

Telephone number of Authorized Officer: 623-455-4500

Study Area Code of Reporting Carrier

452191

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **FORT MOJAVE TEL, INC**

Signature of Authorized Officer: **Linda Gutierrez**

Digitally signed by Linda Gutierrez DN:cn=Linda Gutierrez,email=linfnti@ftmojave.net,O=fort mojave tel, inc, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer: **Linda Gutierrez**

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

Telephone number of Authorized Officer: **928-346-2521**

Study Area Code of Reporting Carrier

**452200**

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

**6/16/2014**

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

Name of Reporting Carrier: MIDVALE-AZ

Signature of Authorized Officer: **John Stuart**

Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale-az,l=M idvale ID 83645, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer: John Stuart

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 208-355-2211

Study Area Code of Reporting Carrier

452226

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

6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

<b>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</b>					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
Name of Reporting Carrier: <span style="margin-left: 100px;">TABLE TOP TEL CO</span>					
Signature of Authorized Officer: <span style="margin-left: 20px;"><b>Matthew Boos</b></span>				<small>Digitally signed by Matthew Boos DN:cn=Matthew Boos,email=mjboos@ponderosatel.com,O=table top tel co,l=O'Neals CA 93645-0021, Date:5/16/2014</small> Date: <span style="margin-left: 20px;">5/16/2014</span>	
Printed name of Authorized Officer: <span style="margin-left: 100px;">Matthew Boos</span>					
Title or position of Authorized Officer: <span style="margin-left: 100px;">Secretary/Treasurer</span>					
Telephone number of Authorized Officer: <span style="margin-left: 100px;">559-868-6322</span>					
Study Area Code of Reporting Carrier	453334		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>					

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier <b>Saddleback Communications</b>				
Signature of Authorized Officer <i>Bill Bryant</i>			Date <b>5-14-14</b>	
Printed name of Authorized Officer <b>Bill Bryant</b>				
Title or position of Authorized Officer <b>President/General Manager</b>				
Telephone number of Authorized Officer: <b>(480) 362-7001</b> ext.				
Study Area Code of Reporting Carrier		<b>457991</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Amy Noah**

Digitally signed by Amy Noah DN:cn=Amy Noah,email=amtca@amtca.net,O=agate mutual tel co,l=Agate CO 80101-0038, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer: **Amy Noah**

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

Telephone number of Authorized Officer: **719-764-2578**

Study Area Code of Reporting Carrier

**462178**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **BIJOU TEL COOP ASSOC**

Signature of Authorized Officer: **Brian Creveling**

Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel coop assoc,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Brian Creveling**

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

Telephone number of Authorized Officer: **303-822-5400**

Study Area Code of Reporting Carrier

**462181**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **BLANCA TEL CO**

Signature of Authorized Officer: **Alan Wehe**

Digitally signed by Alan Wehe DN:cn=Alan Wehe,email=alanwehe@gojade.org,O=blanca tel co,l=Alamosa CO 81101, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer: **Alan Wehe**

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

Telephone number of Authorized Officer: **719-379-3839**

Study Area Code of Reporting Carrier

**462182**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 SLOPE RURAL**

Signature of Authorized Officer: **Patricia White**

Digitally signed by Patricia White DN:cn=Patricia White,email=patw@esrta.coop,O=eastern slope rural,l=Hugo CO 80821-0397, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer: **Patricia White**

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

Telephone number of Authorized Officer: **719-743-2441**

Study Area Code of Reporting Carrier

**462186**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 TEL CO - CO**

Signature of Authorized Officer: **Douglas Pace**

Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dp@ftitel.net,O=farmers tel co - co,l=Pleasant View CO 81331-0369, Date:5/16/2014

Date: **5/16/2014**

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

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

Telephone number of Authorized Officer: **970-562-0058**

Study Area Code of Reporting Carrier

**462188**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **HAXTUN TEL CO**

Signature of Authorized Officer: **Deborah Nobles**

Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=haxtun tel co, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer: **Deborah Nobles**

Title or position of Authorized Officer: **VP Regulatory Affairs**

Telephone number of Authorized Officer: **904-688-0029**

Study Area Code of Reporting Carrier

**462190**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **NUCLA-NATURITA TEL**

Signature of Authorized Officer: **Kelly Tomlinson**

Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nucla-naturita tel,l=Nucla CO 81424, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer: **Kelly Tomlinson**

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

Telephone number of Authorized Officer: **970-864-7335**

Study Area Code of Reporting Carrier

**462193**

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

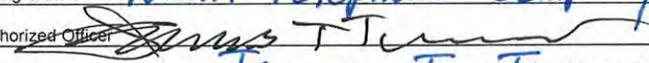
**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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		Nunn Telephone Company	
Signature of Authorized Officer		Date	5/12/2014
Printed name of Authorized Officer		James T. Turner	
Title or position of Authorized Officer		President	
Telephone number of Authorized Officer: (970) 897-2200 ext. —			
Study Area Code of Reporting Carrier	462194	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 PARK TEL. CO.**

Signature of Authorized Officer: **David Shipley**

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=south park tel. co.,l=Colorado City CO 81019-0166, 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: **719-676-4151**

Study Area Code of Reporting Carrier

**462195**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: PEETZ COOP TEL CO

Signature of Authorized Officer: **Kathy Glassburn**

Digitally signed by Kathy Glassburn DN:cn=Kathy Glassburn,email=peetztel@peetzplace.com,O=peetz coop tel co,l=Peetz CO 80747, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer: Kathy Glassburn

Title or position of Authorized Officer: Office Manager

Telephone number of Authorized Officer: 970-334-2220

Study Area Code of Reporting Carrier

462196

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: PHILLIPS COUNTY TEL

Signature of Authorized Officer: Vincent Kropp

Digitally signed by Vincent Kropp DN:cn=Vincent Kropp,email=vince.kropp@pctelcom.org,O=phillips county tel,l=Holyoke CO 80734, Date:5/17/2014

Date: 5/17/2014

Printed name of Authorized Officer: Vincent Kropp

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 970-854-2201

Study Area Code of Reporting Carrier

462197

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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 DRIVE TEL CO**

Signature of Authorized Officer: **Matthew Sellers**

Digitally signed by Matthew Sellers DN:cn=Matthew Sellers,email=matt@pinedrivetel.com,O=pine drive tel co,l=Beulah CO 81023, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer: **Matthew Sellers**

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

Telephone number of Authorized Officer: **719-485-3400**

Study Area Code of Reporting Carrier

**462198**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **PLAINS COOP TEL ASSN**

Signature of Authorized Officer:

**D. Felty**

Digitally signed by D. Felty DN:cn=D.  
 Felty,email=dkfelty@plainstel.com,O=plains coop tel  
 assn,I=Joes CO 80822, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer: **D. Felty**

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

Telephone number of Authorized Officer: **970-358-4211**

Study Area Code of Reporting Carrier

**462199**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: RICO TEL CO

Signature of Authorized Officer: Douglas Pace

Digitally signed by Douglas Pace DN:cn=Douglas Pace,email=dpace@ftitel.net,O=rico tel co,l=Pleasant View CO 81331-0369, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer: Douglas Pace

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 970-562-0058

Study Area Code of Reporting Carrier

462201

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **ROGGEN TEL COOP CO**

Signature of Authorized Officer: **Peggy Manino**

Digitally signed by Peggy Manino DN:cn=Peggy Manino,email=pmanino@rtebb.net,O=roggen tel coop co,l=Roggen CO 80652-0100, Date:5/14/2014

Date: **5/14/2014**

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

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

Telephone number of Authorized Officer: **303-849-5260**

Study Area Code of Reporting Carrier

**462202**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: RYE TELEPHONE CO

Signature of Authorized Officer: David Shipley

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=rye telephone co,l=Colorado City CO 81019-0166, 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: 719-676-3131

Study Area Code of Reporting Carrier

462203

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **STONEHAM COOP TEL CO**

Signature of Authorized Officer: **Taya Northrup**

Digitally signed by Taya Northrup DN:cn=Taya Northrup,email=stoneham.telephone@yahoo.com,O=stoneham coop tel co,l=Stoneham CO 80754, Date:5/15/2014

Date: **5/15/2014**

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

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

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

Study Area Code of Reporting Carrier

**462206**

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

**6/16/2014**

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

462209

TO BE COMPLETED BY THE REPORTING CARRIER,

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

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

Name of Reporting Carrier Wiggins Telephone Association

Signature of Authorized Officer Terry Hendrickson

Date May 20, 2014

Printed name of Authorized Officer Terry Hendrickson

Title or position of Authorized Officer CEO/GM

Telephone number of Authorized Officer: (970) 483 7343

Study Area Code of Reporting Carrier 462209

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **WILLARD TEL CO**

Signature of Authorized Officer: **Carrie Klem**

Digitally signed by Carrie Klem DN:cn=Carrie Klem,email=carriek@willardtell.com,O=willard tel co,l= , Date:5/13/2014

Date: **5/13/2014**

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

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

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

Study Area Code of Reporting Carrier

**462210**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: **ALBION TEL CO-ATC**

Signature of Authorized Officer: **Rich Redman**

Digitally signed by Rich Redman DN:cn=Rich Redman,email=rich@atcnet.net,O=albion tel co-atc,l=Albion ID 83311, Date:5/19/2014

Date: **5/19/2014**

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

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

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

Study Area Code of Reporting Carrier

**472213**

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

**6/16/2014**

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

Signature of Authorized Officer: **Kristie Kanady**

Digitally signed by Kristie Kanady DN:cn=Kristie Kanady,email=kkanady@ctctele.com,O=cambridge tel co,l=Cambridge ID 83610, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer: Kristie Kanady

Title or position of Authorized Officer: Billing Manager

Telephone number of Authorized Officer: 208-257-3314

Study Area Code of Reporting Carrier

472215

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), 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: CUSTER TEL COOP

Signature of Authorized Officer: Clayton Severe

Digitally signed by Clayton Severe DN:cn=Clayton Severe,email=csevere@custertel.net,O=custer tel coop,l=Challis ID 83226, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer: Clayton Severe

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 208-879-2281

Study Area Code of Reporting Carrier

472218

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

6/16/2014

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TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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

Signature of Authorized Officer: **Steve Cowger**

Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -id,1=Filer ID 83328, Date:5/9/2014

Date: **5/9/2014**

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

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

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

Study Area Code of Reporting Carrier

**472220**

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

**6/16/2014**

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