

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier James Valley Cooperative Telephone Company				
Signature of Authorized Officer <i>James Groft</i>				Date 5/14/14
Printed name of Authorized Officer James Groft				
Title or position of Authorized Officer CEO				
Telephone number of Authorized Officer: (605) 397-2323 ext.				
Study Area Code of Reporting Carrier	391664	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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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<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <u>JEFFERSON TEL CO -SD</u></p>					
<p>Signature of Authorized Officer: <u>Tom Connors</u></p>				<p>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</p> <p>Date: <u>5/14/2014</u></p>	
<p>Printed name of Authorized Officer: <u>Tom Connors</u></p>					
<p>Title or position of Authorized Officer: <u>Manager</u></p>					
<p>Telephone number of Authorized Officer: <u>605-966-5631</u></p>					
<p>Study Area Code of Reporting Carrier</p>	<u>391666</u>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<u>6/16/2014</u>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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,I=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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<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: KENNEBEC TEL CO</p>					
<p>Signature of Authorized Officer: Rod Bowar</p>				<p><small>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</small></p> <p>Date: 5/13/2014</p>	
<p>Printed name of Authorized Officer: Rod Bowar</p>					
<p>Title or position of Authorized Officer: President/Manager</p>					
<p>Telephone number of Authorized Officer: 605-869-2220</p>					
<p>Study Area Code of Reporting Carrier</p>	391668		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

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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-MCCOOK					
Signature of Authorized Officer: Bryan Roth				<small>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</small> 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.					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MIDSTATE COMM., INC.</p>					
<p>Signature of Authorized Officer: Mark Benton</p>				<p><small>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</small></p> <p>Date: 5/13/2014</p>	
<p>Printed name of Authorized Officer: Mark Benton</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 605-778-6221</p>					
<p>Study Area Code of Reporting Carrier</p>	391670		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

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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: WEST RIVER(MOBRIDGE)					
Signature of Authorized Officer: Bonnie Krause				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ROBERTS COUNTY COOP</p>					
<p>Signature of Authorized Officer: Scott Bostrom</p>				<p><small>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</small></p>	
<p>Date: 5/14/2014</p>					
<p>Printed name of Authorized Officer: Scott Bostrom</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 605-637-5211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>391674</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <u>SANTEL COMM. COOP.</u></p>					
<p>Signature of Authorized Officer: <u>Ryan Thompson</u></p>				<p><small>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</small></p> <p>Date: <u>5/19/2014</u></p>	
<p>Printed name of Authorized Officer: <u>Ryan Thompson</u></p>					
<p>Title or position of Authorized Officer: <u>General Manager</u></p>					
<p>Telephone number of Authorized Officer: <u>605-796-8143</u></p>					
<p>Study Area Code of Reporting Carrier</p>	<u>391676</u>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<u>6/16/2014</u>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GOLDEN WEST-SIOUX VY</p>					
<p>Signature of Authorized Officer: Dennis Law</p>				<p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-sioux vy, =Wall SD 57790-0411, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Dennis Law</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 605-279-2161</p>					
<p>Study Area Code of Reporting Carrier</p>	391677		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

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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 Interstate Telecommunications Cooperative, Inc.			
Signature of Authorized Officer <i>Warren Brandlee</i>			Date 5/8/14
Printed name of Authorized Officer Warren Brandlee			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (605) 874-2181 , ext.			
Study Area Code of Reporting Carrier	391679	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: VENTURE COMM. COOP</p>					
<p>Signature of Authorized Officer: Randy Houdek</p>				<p><small>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</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Randy Houdek</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 605-852-1111</p>					
<p>Study Area Code of Reporting Carrier</p>	391680		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

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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>					
<p>Name of Reporting Carrier: TRIOTEL COMM(TRI-C)</p>					
<p>Signature of Authorized Officer: Bryan Roth</p>				<p>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</p>	
<p>Date: 5/14/2014</p>					
<p>Printed name of Authorized Officer: Bryan Roth</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 605-425-2238</p>					
<p>Study Area Code of Reporting Carrier</p>	391682		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GOLDEN WEST-UNION</p>					
<p>Signature of Authorized Officer: Dennis Law</p>				<p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-union,I=Wall SD 57790-0411, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Dennis Law</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 605-279-2161</p>					
<p>Study Area Code of Reporting Carrier</p>	391684		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: VALLEY TELECOMM.</p>					
<p>Signature of Authorized Officer: Darin LaCoursiere</p>				<p><small>Digitally signed by Darin LaCoursiere DN:cn=Darin LaCoursiere,email=darin@valleytel.net,O=valley telecomm.,l=Herreid SD 57632-0007, Date:5/14/2014</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer: Darin LaCoursiere</p>					
<p>Title or position of Authorized Officer: CEO/GM</p>					
<p>Telephone number of Authorized Officer: 605-437-2615</p>					
<p>Study Area Code of Reporting Carrier</p>	391685		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GOLDEN WEST-VIVIAN</p>					
<p>Signature of Authorized Officer: Dennis Law</p>				<p><small>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-vivian,I=Wall SD 57790-0411, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Dennis Law</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 605-279-2161</p>					
<p>Study Area Code of Reporting Carrier</p>	391686		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

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Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WESTERN TEL CO.</p>					
<p>Signature of Authorized Officer: Randy Houdek</p>				<p><small>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</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Randy Houdek</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 605-852-1111</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>391688</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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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: 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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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				Arkansas Telephone Company		
Signature of Authorized Officer			<i>Randy McCaslin</i>		Date	05/12/2014
Printed name of Authorized Officer			Randy McCaslin			
Title or position of Authorized Officer			PRESIDENT			
Telephone number of Authorized Officer:			(501) 745-2114 ext.			
Study Area Code of Reporting Carrier	401692	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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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<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CENTRAL ARKANSAS TEL</p>					
<p>Signature of Authorized Officer: Shirley Kinnaird</p>				<p><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></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Shirley Kinnaird</p>					
<p>Title or position of Authorized Officer: Office Manager</p>					
<p>Telephone number of Authorized Officer: 501-865-3212</p>					
<p>Study Area Code of Reporting Carrier</p>	401697		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

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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				<small>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</small> 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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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: LAVACA TEL CO-AR					
Signature of Authorized Officer: Keith Gibson				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MADISON COUNTY TEL</p>					
<p>Signature of Authorized Officer: Tom Shrum</p>				<p><small>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</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Tom Shrum</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 479-738-2121</p>					
<p>Study Area Code of Reporting Carrier</p>	401709		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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: MAGAZINE TEL CO					
Signature of Authorized Officer: Kathy Stone				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MOUNTAIN VIEW TEL CO</p>					
<p>Signature of Authorized Officer: Anne Schuhknecht</p>				<p>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</p>	
<p>Date: 5/13/2014</p>					
<p>Printed name of Authorized Officer: Anne Schuhknecht</p>					
<p>Title or position of Authorized Officer: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer: 870-425-3100</p>					
<p>Study Area Code of Reporting Carrier</p>	401712		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NORTH ARKANSAS TEL</p>					
<p>Signature of Authorized Officer: Steven Sanders, Jr.</p>				<p><small>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</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer: Steven Sanders, Jr.</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 870-453-9273</p>					
<p>Study Area Code of Reporting Carrier</p>	401713		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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: PRAIRIE GROVE TEL CO					
Signature of Authorized Officer: Rick Reed				<small>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</small> 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			
<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 <u>Rice Belt Telephone Company Inc.</u>			
Signature of Authorized Officer <u><i>Darby A. McCarty</i></u>			Date <u>05/13/2014</u>
Printed name of Authorized Officer <u>Darby A. McCarty</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>(812) 876-2211</u> ext.			
Study Area Code of Reporting Carrier	<u>401721</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: E RITTER TEL CO</p>					
<p>Signature of Authorized Officer: John Strode</p>				<p><small>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</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: John Strode</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 870-336-2345</p>					
<p>Study Area Code of Reporting Carrier</p>	401722		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SW ARKANSAS TEL COOP</p>					
<p>Signature of Authorized Officer: Tina Moore</p>				<p><small>Digitally signed by Tina Moore DN:cn=Tina Moore,email=tinam@swatco.com,O=sw arkansas tel coop, Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Tina Moore</p>					
<p>Title or position of Authorized Officer: Accountant</p>					
<p>Telephone number of Authorized Officer: 870-653-8222</p>					
Study Area Code of Reporting Carrier	401724		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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TRI-COUNTY TEL CO-AR</p>					
<p>Signature of Authorized Officer: John Strode</p>				<p><small>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</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: John Strode</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 870-336-2345</p>					
<p>Study Area Code of Reporting Carrier</p>	401726		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WALNUT HILL TEL CO</p>					
<p>Signature of Authorized Officer: Deborah Nobles</p>				<p><small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=walnut hill tel co,lc=, Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Deborah Nobles</p>					
<p>Title or position of Authorized Officer: VP Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer: 904-688-0029</p>					
<p>Study Area Code of Reporting Carrier</p>	401729		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: YELCOT TEL CO INC</p>					
<p>Signature of Authorized Officer: Anne Schuhknecht</p>				<p>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</p>	
<p>Date: 5/13/2014</p>					
<p>Printed name of Authorized Officer: Anne Schuhknecht</p>					
<p>Title or position of Authorized Officer: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer: 870-425-3100</p>					
Study Area Code of Reporting Carrier	401733		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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <u>ARKWEST COMM., INC.</u></p>					
<p>Signature of Authorized Officer: <u>P. Sanders</u></p>				<p>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</p>	
<p>Date: <u>5/20/2014</u></p>					
<p>Printed name of Authorized Officer: <u>P. Sanders</u></p>					
<p>Title or position of Authorized Officer: <u>President & GM</u></p>					
<p>Telephone number of Authorized Officer: <u>479-495-4242</u></p>					
<p>Study Area Code of Reporting Carrier</p>	<p><u>401734</u></p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p><u>6/16/2014</u></p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BLUE VALLEY TELE-COM</p>					
<p>Signature of Authorized Officer: Candace Wright</p>				<p><small>Digitally signed by Candace Wright DN:cn=Candace Wright,email=cwright@bluevalleyinc.net,O=blue valley tele-com,l= , Date:5/13/2014</small></p> <p>Date: 5/13/2014</p>	
<p>Printed name of Authorized Officer: Candace Wright</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 785-799-3657</p>					
<p>Study Area Code of Reporting Carrier</p>	411746		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: COUNCIL GROVE TEL CO</p>					
<p>Signature of Authorized Officer: Dale Jones</p>				<p>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</p>	
<p>Date: 5/8/2014</p>					
<p>Printed name of Authorized Officer: Dale Jones</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 620-767-5153</p>					
Study Area Code of Reporting Carrier	411758		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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CUNNINGHAM TEL CO</p>					
<p>Signature of Authorized Officer: Brent Cunningham</p>				<p><small>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</small></p> <p>Date: 5/13/2014</p>	
<p>Printed name of Authorized Officer: Brent Cunningham</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 785-545-3215</p>					
<p>Study Area Code of Reporting Carrier</p>	411761		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

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 <i>Bob Boaldin</i>				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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GOLDEN BELT TEL ASSN</p>					
<p>Signature of Authorized Officer: Beau Rebel</p>				<p><small>Digitally signed by Beau Rebel DN:cn=Beau Rebel,email=brebel@gbta.net,O=golden belt tel assn,l=Rush Center KS 67575, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p>	
<p>Printed name of Authorized Officer: Beau Rebel</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 785-372-4236</p>					
<p>Study Area Code of Reporting Carrier</p>	411777		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GORHAM TEL CO</p>					
<p>Signature of Authorized Officer: Tonya Murphy</p>				<p><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></p> <p>Date: 5/20/2014</p>	
<p>Printed name of Authorized Officer: Tonya Murphy</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 785-637-5300</p>					
<p>Study Area Code of Reporting Carrier</p>	411778		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HAVILAND TEL CO</p>					
<p>Signature of Authorized Officer: Mark Wade</p>				<p><small>Digitally signed by Mark Wade DN:cn=Mark Wade,email=mark@havilandelco.com,O=haviland tel co,l=Haviland KS 67059, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p>	
<p>Printed name of Authorized Officer: Mark Wade</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 620-862-5211</p>					
<p>Study Area Code of Reporting Carrier</p>	411780		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: H & B COMMUNICATIONS</p>					
<p>Signature of Authorized Officer: Robert Koch</p>				<p><small>Digitally signed by Robert Koch DN:cn=Robert Koch,email=robkoch@hbcomm.net,O=h & b communications,l=Holyrood KS 67450, Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Robert Koch</p>					
<p>Title or position of Authorized Officer: President and General Manager</p>					
<p>Telephone number of Authorized Officer: 785-252-4000</p>					
<p>Study Area Code of Reporting Carrier</p>	411781		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HOME TEL CO</p>					
<p>Signature of Authorized Officer: Tina Anderson</p>				<p><small>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</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Tina Anderson</p>					
<p>Title or position of Authorized Officer: Customer Acct & Billing Mgr/Secretary</p>					
<p>Telephone number of Authorized Officer: 620-654-3381</p>					
<p>Study Area Code of Reporting Carrier</p>	411782		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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: J. B. N. TEL CO INC					
Signature of Authorized Officer: Roger DelFiacco				<small>Digitally signed by Roger DelFiacco DN:cn=Roger DelFiacco,email=roger@jbntelco.com,O=j. b. n. tel co inc, Date:5/18/2014</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: KANOKLA TEL ASSN-KS</p>					
<p>Signature of Authorized Officer: Greg Aldridge</p>				<p><small>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</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer: Greg Aldridge</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 620-845-5682</p>					
<p>Study Area Code of Reporting Carrier</p>	411788		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MADISON TEL., LLC</p>					
<p>Signature of Authorized Officer: Diantha Stutesman</p>				<p><small>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</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer: Diantha Stutesman</p>					
<p>Title or position of Authorized Officer: Board Secretary</p>					
<p>Telephone number of Authorized Officer: 620-437-2356</p>					
<p>Study Area Code of Reporting Carrier</p>	411801		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MOKAN DIAL INC-KS</p>					
<p>Signature of Authorized Officer: Deborah Nobles</p>				<p><small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=mokan dial inc-ks,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Deborah Nobles</p>					
<p>Title or position of Authorized Officer: VP Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer: 904-688-0029</p>					
<p>Study Area Code of Reporting Carrier</p>	411807		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MOUNDRIDGE TEL CO</p>					
<p>Signature of Authorized Officer: Delonna Barnett</p>				<p><small>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</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Delonna Barnett</p>					
<p>Title or position of Authorized Officer: Office Manager/VP</p>					
<p>Telephone number of Authorized Officer: 620-345-2831</p>					
<p>Study Area Code of Reporting Carrier</p>	411808		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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: MUTUAL TEL CO					
Signature of Authorized Officer: John Tietjens				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PEOPLES TELECOM LLC</p>					
<p>Signature of Authorized Officer: Kathy Billinger</p>				<p>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</p> <p>Date: 5/9/2014</p>	
<p>Printed name of Authorized Officer: Kathy Billinger</p>					
<p>Title or position of Authorized Officer: CEO/General Manager</p>					
<p>Telephone number of Authorized Officer: 913-757-2500</p>					
<p>Study Area Code of Reporting Carrier</p>	411814		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CRAW-KAN TEL COOP</p>					
<p>Signature of Authorized Officer: Craig Wilbert</p>				<p><small>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</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Craig Wilbert</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 620-724-8235</p>					
<p>Study Area Code of Reporting Carrier</p>	411818		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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: RAINBOW TELECOM					
Signature of Authorized Officer: Beverly Armstrong				<small>Digitally signed by Beverly Armstrong DN:cn=Beverly Armstrong,email=bev@rainbowtel.com,O=rainbow telecom, c=Everest KS 66424-0147, Date:5/9/2014</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: S & T TEL COOP ASSN</p>					
<p>Signature of Authorized Officer: Carolyn Somers</p>				<p><small>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</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Carolyn Somers</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 785-694-2256</p>					
<p>Study Area Code of Reporting Carrier</p>	411827		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: S & A TEL CO INC</p>					
<p>Signature of Authorized Officer: Janet Bathurst</p>				<p>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</p>	
<p>Date: 5/8/2014</p>					
<p>Printed name of Authorized Officer: Janet Bathurst</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 620-528-3223</p>					
Study Area Code of Reporting Carrier	411829		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: S. CENTRAL TEL - KS					
Signature of Authorized Officer: Zack Odell				<small>Digitally signed by Zack Odell DN:cn=Zack Odell,email=zodell@sctelcom.com,O=s. central tel - ks, Date:5/14/2014</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SOUTHERN KANSAS TEL</p>					
<p>Signature of Authorized Officer: William McVey</p>				<p>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</p> <p>Date: 5/13/2014</p>	
<p>Printed name of Authorized Officer: William McVey</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 620-584-8337</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>411833</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TRI-COUNTY TEL ASSN</p>					
<p>Signature of Authorized Officer: Dale Jones</p>				<p><small>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</small></p> <p>Date: 5/8/2014</p>	
<p>Printed name of Authorized Officer: Dale Jones</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 620-767-5153</p>					
<p>Study Area Code of Reporting Carrier</p>	411839		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TWIN VALLEY TEL INC</p>					
<p>Signature of Authorized Officer: Scott Cissna</p>				<p><small>Digitally signed by Scott Cissna DN:cn=Scott Cissna,email=scott.cissna@tvinc.net,O=twin valley tel inc, Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Scott Cissna</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 785-427-9269</p>					
<p>Study Area Code of Reporting Carrier</p>	411840		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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		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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WAMEGO TEL CO INC</p>					
<p>Signature of Authorized Officer: Steven Sackrider</p>				<p>Digitally signed by Steven Sackrider DN:cn=Steven Sackrider,email=steve.sackrider@wamtelco.com,O=wam ego tel co inc,I=Wamego KS 66547-0025, Date:5/15/2014</p>	
<p>Date: 5/15/2014</p>					
<p>Printed name of Authorized Officer: Steven Sackrider</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 785-456-1000</p>					
Study Area Code of Reporting Carrier	411845		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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WHEAT STATE TEL, INC</p>					
<p>Signature of Authorized Officer: Arturo Macias</p>				<p>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</p>	
<p>Date: 5/14/2014</p>					
<p>Printed name of Authorized Officer: Arturo Macias</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 620-782-3341</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>411847</p>	<p></p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	<p></p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WILSON TEL CO INC</p>					
<p>Signature of Authorized Officer: Brian Boisvert</p>				<p><small>Digitally signed by Brian Boisvert DN:cn=Brian Boisvert,email=boisvert@wilsoncom.us,O=wilson tel co inc,l=Wilson KS 67490-0190, Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Brian Boisvert</p>					
<p>Title or position of Authorized Officer: CEO /General Manager</p>					
<p>Telephone number of Authorized Officer: 785-658-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>411849</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 May 19 2014	
Printed name of Authorized Officer		John R. Kudekwa	
Title or position of Authorized Officer		Vice President	
Telephone number of Authorized Officer:		304 983 8692	
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.			

Carrier Cert

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TOTAH COMMUNICATIONS</p>					
<p>Signature of Authorized Officer: Keith Watson</p>				<p><small>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</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Keith Watson</p>					
<p>Title or position of Authorized Officer: Executive VP / Controller</p>					
<p>Telephone number of Authorized Officer: 918-535-2208</p>					
<p>Study Area Code of Reporting Carrier</p>	412030		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <u>BPS Tel. Co.</u></p>					
<p>Signature of Authorized Officer: <u>Lisa Winberry</u></p>				<p>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</p> <p>Date: <u>5/13/2014</u></p>	
<p>Printed name of Authorized Officer: <u>Lisa Winberry</u></p>					
<p>Title or position of Authorized Officer: <u>General Manager</u></p>					
<p>Telephone number of Authorized Officer: <u>573-293-2277</u></p>					
<p>Study Area Code of Reporting Carrier</p>	<u>420463</u>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<u>6/16/2014</u>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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				<small>Digitally signed by Jack Jones DN:cn=Jack Jones,email=jjones@iamotelephone.com,O=iamo tel co - mo,lc=Coin IA 51636, Date:5/19/2014</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CRAW-KAN TEL COOP-MO</p>					
<p>Signature of Authorized Officer: Craig Wilbert</p>				<p>Digitally signed by Craig Wilbert DN:cn=Craig Wilbert,email=crwilbert@ckt.net,O=craw-kan tel coop-mo,l=Girard KS 66743-0100, Date:5/15/2014</p>	
<p>Date: 5/15/2014</p>					
<p>Printed name of Authorized Officer: Craig Wilbert</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 620-724-8235</p>					
<p>Study Area Code of Reporting Carrier</p>	421759		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MOKAN DIAL INC-MO</p>					
<p>Signature of Authorized Officer: Deborah Nobles</p>				<p><small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=mokan dial inc-mo, Inc, Date: 5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Deborah Nobles</p>					
<p>Title or position of Authorized Officer: VP Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer: 904-688-0029</p>					
<p>Study Area Code of Reporting Carrier</p>	421807		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ALMA COMM. CO.</p>					
<p>Signature of Authorized Officer: Adolf Heins</p>				<p>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</p>	
<p>Date: 5/16/2014</p>					
<p>Printed name of Authorized Officer: Adolf Heins</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 660-674-2297</p>					
Study Area Code of Reporting Carrier	421860		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: CHARITON VALLEY TEL					
Signature of Authorized Officer: James Simon				<small>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</small> 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.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CITIZENS TEL CO - MO</p>					
<p>Signature of Authorized Officer: Brian Cornelius</p>				<p><small>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</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Brian Cornelius</p>					
<p>Title or position of Authorized Officer: President & General Manager</p>					
<p>Telephone number of Authorized Officer: 660-584-6520</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>421865</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ELLINGTON TEL CO</p>					
<p>Signature of Authorized Officer: Dee McCormack</p>				<p>Digitally signed by Dee McCormack DN:cn=Dee McCormack,email=dmcormack@mcmo.net,O=ellington tel co,l=Ellington MO 63638, Date:5/12/2014</p>	
<p>Date: 5/12/2014</p>					
<p>Printed name of Authorized Officer: Dee McCormack</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 573-663-2000</p>					
<p>Study Area Code of Reporting Carrier</p>	421874		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

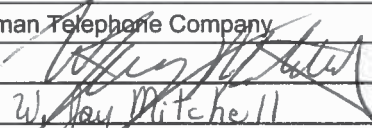
TO BE COMPLETED BY THE REPORTING CARRIER,

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 FARBER TELEPHONE COMPANY			
Signature of Authorized Officer [Signature]		Date 05-07-2014	
Printed name of Authorized Officer CHARLES W. CROW			
Title or position of Authorized Officer PRESIDENT			
Telephone number of Authorized Officer: (573) 249 9800			
Study Area Code of Reporting Carrier	721876	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FIDELITY TEL CO</p>					
<p>Signature of Authorized Officer: John Bell</p>				<p><small>Digitally signed by John Bell DN:cn=John Bell,email=john.bell@fidelitycommunications.com,O=fidelity tel co,l= , Date:5/20/2014</small></p> <p>Date: 5/20/2014</p>	
<p>Printed name of Authorized Officer: John Bell</p>					
<p>Title or position of Authorized Officer: CFO/VP - Finance</p>					
<p>Telephone number of Authorized Officer: 573-468-1268</p>					
<p>Study Area Code of Reporting Carrier</p>	421882		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GRANBY TEL CO - MO</p>					
<p>Signature of Authorized Officer: Cheri Johnson</p>				<p><small>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</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Cheri Johnson</p>					
<p>Title or position of Authorized Officer: Corporate Secretary</p>					
<p>Telephone number of Authorized Officer: 417-472-5513</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>421887</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER,

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GREEN HILLS TEL CORP</p>					
<p>Signature of Authorized Officer: Renee Reeter</p>				<p><small>Digitally signed by Renee Reeter DN: cn=Renee Reeter, email=rreeter@ghic.com, O=green hills tel corp, l= , Date: 5/9/2014</small></p> <p>Date: 5/9/2014</p>	
<p>Printed name of Authorized Officer: Renee Reeter</p>					
<p>Title or position of Authorized Officer: Controller</p>					
<p>Telephone number of Authorized Officer: 660-644-5011</p>					
<p>Study Area Code of Reporting Carrier</p>	421890		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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: CHOCTAW TELEPHONE CO					
Signature of Authorized Officer: Deborah Nobles				<small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=choctaw telephone co, Inc., Date: 5/19/2014</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: KLM TEL CO</p>					
<p>Signature of Authorized Officer: Joe Jetensky</p>				<p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=klm tel co,l= , Date:5/20/2014</small></p> <p>Date: 5/20/2014</p>	
<p>Printed name of Authorized Officer: Joe Jetensky</p>					
<p>Title or position of Authorized Officer: President/GM</p>					
<p>Telephone number of Authorized Officer: 402-426-6245</p>					
<p>Study Area Code of Reporting Carrier</p>	421900		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: KINGDOM TELEPHONE CO</p>					
<p>Signature of Authorized Officer: Marla McCowan</p>				<p>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</p>	
<p>Date: 5/16/2014</p>					
<p>Printed name of Authorized Officer: Marla McCowan</p>					
<p>Title or position of Authorized Officer: Assistant Board Secretary</p>					
<p>Telephone number of Authorized Officer: 573-386-2241</p>					
<p>Study Area Code of Reporting Carrier</p>	421901		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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: LE-RU TELEPHONE CO					
Signature of Authorized Officer: Robert Hart				<small>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</small> 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				<small>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</small> 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				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: OTELCO MID-MISSOURI</p>					
<p>Signature of Authorized Officer: Dennis Andrews</p>				<p><small>Digitally signed by Dennis Andrews DN:cn=Dennis Andrews,email=dennis@otelcotel.com,O=otelco mid-missouri,lc= , Date:5/15/2014</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Dennis Andrews</p>					
<p>Title or position of Authorized Officer: Sr Vice President</p>					
<p>Telephone number of Authorized Officer: 256-586-1420</p>					
<p>Study Area Code of Reporting Carrier</p>	421917		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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.

<p>Certification of Officer as to the Accuracy of the CAF ICC Data Reported</p>			
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>			
<p>Name of Reporting Carrier Miller Telephone Company</p>			
<p>Signature of Authorized Officer <i>John R. Ludenia</i></p>			<p>Date <i>5/20/2014</i></p>
<p>Printed name of Authorized Officer John Ludenia</p>			
<p>Title or position of Authorized Officer Vice President</p>			
<p>Telephone number of Authorized Officer: (304) 983-8642, ext.</p>			
<p>Study Area Code of Reporting Carrier</p>	<p>421920</p>	<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NEW FLORENCE TEL CO</p>					
<p>Signature of Authorized Officer: Leonard May</p>				<p>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</p>	
<p>Date: 5/9/2014</p>					
<p>Printed name of Authorized Officer: Leonard May</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 208-548-2345</p>					
Study Area Code of Reporting Carrier	421927		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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HOLWAY TEL CO</p>					
<p>Signature of Authorized Officer: Joe Jetensky</p>				<p><small>Digitally signed by Joe Jetensky DN:cn=Joe Jetensky,email=jjetensky@americanbb.com,O=holway tel co,l= , Date:5/20/2014</small></p> <p>Date: 5/20/2014</p>	
<p>Printed name of Authorized Officer: Joe Jetensky</p>					
<p>Title or position of Authorized Officer: President/GM</p>					
<p>Telephone number of Authorized Officer: 402-426-6245</p>					
<p>Study Area Code of Reporting Carrier</p>	421929		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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: NE MISSOURI RURAL					
Signature of Authorized Officer: James Sherburne				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: OREGON FARMERS MUT</p>					
<p>Signature of Authorized Officer: Wendy Ottman</p>				<p><small>Digitally signed by Wendy Ottman DN:cn=Wendy Ottman,email=ottman@ofmlive.net,O=oregon farmers mut,l=Oregon MO 64473, Date:5/15/2014</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Wendy Ottman</p>					
<p>Title or position of Authorized Officer: Assistant General Manager</p>					
<p>Telephone number of Authorized Officer: 660-446-3391</p>					
<p>Study Area Code of Reporting Carrier</p>	421935		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PEACE VALLEY TEL CO</p>					
<p>Signature of Authorized Officer: Kelly Bosserman</p>				<p>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</p>	
<p>Date: 5/19/2014</p>					
<p>Printed name of Authorized Officer: Kelly Bosserman</p>					
<p>Title or position of Authorized Officer: V.P. Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer: 417-277-5550</p>					
<p>Study Area Code of Reporting Carrier</p>	421936		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ROCK PORT TEL CO</p>					
<p>Signature of Authorized Officer: Rick Bradley</p>				<p><small>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</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer: Rick Bradley</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 660-744-5311</p>					
<p>Study Area Code of Reporting Carrier</p>	421942		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 <u>Steelville Telephone Company</u>			
Signature of Authorized Officer <u>Donald R. Santhuff</u>			Date <u>05/18/2014</u>
Printed name of Authorized Officer <u>Donald Santhuff</u>			
Title or position of Authorized Officer <u>General Manager</u>			
Telephone number of Authorized Officer: <u>(573) 775-2111</u> , ext. _____			
Study Area Code of Reporting Carrier	<u>421949</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.					
Name of Reporting Carrier: LAVACA TEL CO-OK					
Signature of Authorized Officer: Keith Gibson				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: KANOKLA TEL ASSN-OK</p>					
<p>Signature of Authorized Officer: Greg Aldridge</p>				<p><small>Digitally signed by Greg Aldridge DN:cn=Greg Aldridge,email=greg@kanokla.com,O=kanokla tel assn-ok,lc=Caldwell KS 67022-0111, Date:5/14/2014</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer: Greg Aldridge</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 620-845-5682</p>					
<p>Study Area Code of Reporting Carrier</p>	431788		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: S. CENTRAL TEL - KZ</p>					
<p>Signature of Authorized Officer: Zack Odell</p>				<p><small>Digitally signed by Zack Odell DN:cn=Zack Odell,email=zodell@sctelcom.com,O=s. central tel - ok, = , Date:5/14/2014</small></p> <p>Date: 5/84/2084</p>	
<p>Printed name of Authorized Officer: ackOKdell</p>					
<p>Title or position of Authorized Officer: Genercl Mcncger</p>					
<p>Telephone number of Authorized Officer: 620-910-8020</p>					
<p>Study Area Code of Reporting Carrier</p>	418318		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	6/86/2084	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ATLAS TEL CO</p>					
<p>Signature of Authorized Officer: Barbara Summa</p>				<p><small>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</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Barbara Summa</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 918-783-5111</p>					
<p>Study Area Code of Reporting Carrier</p>	431966		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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: BEGGS TEL CO					
Signature of Authorized Officer: Kay Mount				<small>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</small> 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				<small>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</small> 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				<small>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</small> 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.					

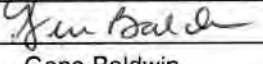
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CHEROKEE TEL CO</p>					
<p>Signature of Authorized Officer: Samuel Sanchez</p>				<p>Digitally signed by Samuel Sanchez DN:cn=Samuel Sanchez,email=ssanchez@cherokeetel.com,O=cherokee tel co,l= , Date:5/20/2014</p>	
<p>Date: 5/20/2014</p>					
<p>Printed name of Authorized Officer: Samuel Sanchez</p>					
<p>Title or position of Authorized Officer: Vice President Operations</p>					
<p>Telephone number of Authorized Officer: 580-434-5375</p>					
<p>Study Area Code of Reporting Carrier</p>	431979		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CHICKASAW TEL CO</p>					
<p>Signature of Authorized Officer: Larry Jones</p>				<p>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</p>	
<p>Date: 5/8/2014</p>					
<p>Printed name of Authorized Officer: Larry Jones</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 580-622-5223</p>					
Study Area Code of Reporting Carrier	431980		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>					

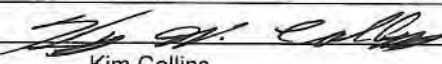
TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

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

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

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 Dobson Telephone Company			
Signature of Authorized Officer <i>T-L LeForce</i>			Date 5/16/14
Printed name of Authorized Officer Trent LeForce			
Title or position of Authorized Officer CFO			
Telephone number of Authorized Officer: (405) 242-0336 ext.			
Study Area Code of Reporting Carrier	431988	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>			

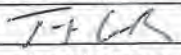
TO BE COMPLETED BY THE REPORTING CARRIER.

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: GRAND TEL CO INC					
Signature of Authorized Officer: Jason Anderson				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HINTON TEL CO</p>					
<p>Signature of Authorized Officer: Kenneth Doughty</p>				<p>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</p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Kenneth Doughty</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 405-542-3262</p>					
<p>Study Area Code of Reporting Carrier</p>	431995		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

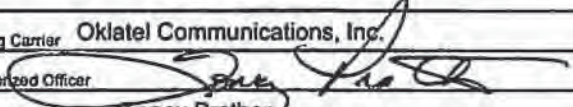
TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MEDICINE PARK TEL CO</p>					
<p>Signature of Authorized Officer: Dean Pennello</p>				<p>Digitally signed by Dean Pennello DN:cn=Dean Pennello,email=deanp@mpstelco.com,O=medicine park tel co,l=Medicine Park OK 73557, Date:5/12/2014</p>	
<p>Date: 5/12/2014</p>					
<p>Printed name of Authorized Officer: Dean Pennello</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 580-529-2700</p>					
Study Area Code of Reporting Carrier	432008		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 Oklatel Communications, Inc.			
Signature of Authorized Officer 			Date May 19, 2014
Printed name of Authorized Officer Toney Prather			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (254) 893-4600 ext.			
Study Area Code of Reporting Carrier	432013	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: OKLAHOMA WESTERN TEL</p>					
<p>Signature of Authorized Officer: Pauline Van Horn</p>				<p><small>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</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Pauline Van Horn</p>					
<p>Title or position of Authorized Officer: Chairman</p>					
<p>Telephone number of Authorized Officer: 918-569-4111</p>					
<p>Study Area Code of Reporting Carrier</p>	432014		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PANHANDLE TEL COOP</p>					
<p>Signature of Authorized Officer: Shawn Hanson</p>				<p><small>Digitally signed by Shawn Hanson DN:cn=Shawn Hanson,email=shawn.hanson@ptci.net,O=panhandle tel coop, Date:5/9/2014</small></p> <p>Date: 5/9/2014</p>	
<p>Printed name of Authorized Officer: Shawn Hanson</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 580-338-2556</p>					
<p>Study Area Code of Reporting Carrier</p>	432016		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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: PINE TELEPHONE CO					
Signature of Authorized Officer: John Callaham				<small>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</small> 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				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SALINA-SPAVINAW TEL</p>					
<p>Signature of Authorized Officer: Scott Boone</p>				<p><small>Digitally signed by Scott Boone DN:cn=Scott Boone,email=sboone@sstelco.com,O=salina-spavinaw tel,l= , Date:5/13/2014</small></p> <p>Date: 5/13/2014</p>	
<p>Printed name of Authorized Officer: Scott Boone</p>					
<p>Title or position of Authorized Officer: Treasurer</p>					
<p>Telephone number of Authorized Officer: 918-496-8166</p>					
<p>Study Area Code of Reporting Carrier</p>	432022		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SHIDLER TEL CO</p>					
<p>Signature of Authorized Officer: Lisa Patton</p>				<p><small>Digitally signed by Lisa Patton DN:cn=Lisa Patton,email=lisa@stinternet.net,O=shidler tel co,l=Shidler OK 74652, Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Lisa Patton</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 918-793-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	432023		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SW OKLAHOMA TEL CO</p>					
<p>Signature of Authorized Officer: George Wycoff</p>				<p><small>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</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: George Wycoff</p>					
<p>Title or position of Authorized Officer: Exec. Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer: 580-679-3345</p>					
<p>Study Area Code of Reporting Carrier</p>	432025		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TERRAL TEL CO</p>					
<p>Signature of Authorized Officer: Dick Segress</p>				<p><small>Digitally signed by Dick Segress DN:cn=Dick Segress,email=dick@ttslinx.com,O=terral tel co,l= , Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Dick Segress</p>					
<p>Title or position of Authorized Officer: President/General Manager</p>					
<p>Telephone number of Authorized Officer: 405-602-2408</p>					
<p>Study Area Code of Reporting Carrier</p>	432029		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TOTAH COMMUNICATIONS</p>					
<p>Signature of Authorized Officer: Keith Watson</p>				<p><small>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</small></p>	
<p>Date: 5/ 9/20/ 4</p>					
<p>Printed name of Authorized Officer: Keith Watson</p>					
<p>Title or position of Authorized Officer: Executive VP 6Controller</p>					
<p>Telephone number of Authorized Officer: 9/ 8-515-2208</p>					
<p>Study Area Code of Reporting Carrier</p>	412010		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	3/ 3/20/ 4	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: VALLIANT TEL CO</p>					
<p>Signature of Authorized Officer: Tommy Dorries</p>				<p><small>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</small></p> <p>Date: 5/9/2014</p>	
<p>Printed name of Authorized Officer: Tommy Dorries</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 580-933-4400</p>					
<p>Study Area Code of Reporting Carrier</p>	432032		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SANTA ROSA TEL COOP</p>					
<p>Signature of Authorized Officer: Jason Tole</p>				<p><small>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</small></p> <p>Date: 5/7/2014</p>	
<p>Printed name of Authorized Officer: Jason Tole</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 940-886-2014</p>					
Study Area Code of Reporting Carrier	432141		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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CAMERON TEL CO TEXAS</p>					
<p>Signature of Authorized Officer: Bruce Petry</p>				<p><small>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</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Bruce Petry</p>					
<p>Title or position of Authorized Officer: President/General Manager</p>					
<p>Telephone number of Authorized Officer: 337-583-2092</p>					
<p>Study Area Code of Reporting Carrier</p>	440425		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BLOSSOM TEL CO</p>					
<p>Signature of Authorized Officer: C. Dorries</p>				<p><small>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</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: C. Dorries</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 903-982-5200</p>					
<p>Study Area Code of Reporting Carrier</p>	442038		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 <u>Big Bend Telephone</u>			
Signature of Authorized Officer <u>Russell A. Moore</u>		Date <u>5/19/14</u>	
Printed name of Authorized Officer <u>Russell A. Moore</u>			
Title or position of Authorized Officer <u>General Manager</u>			
Telephone number of Authorized Officer: <u>432,361,080 ext.</u>			
Study Area Code of Reporting Carrier	<u>442039</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

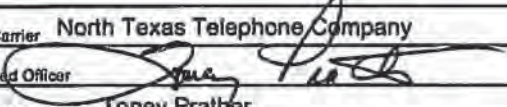
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BRAZORIA TEL CO</p>					
<p>Signature of Authorized Officer: Gil Rasco</p>				<p>Digitally signed by Gil Rasco DN:cn=Gil Rasco,email=gil@btel.com,O=brazoria tel co,l=Brazoria TX 77422, Date:5/19/2014</p>	
<p>Date: 5/19/2014</p>					
<p>Printed name of Authorized Officer: Gil Rasco</p>					
<p>Title or position of Authorized Officer: Vice President, Operations</p>					
<p>Telephone number of Authorized Officer: 979-798-2121</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>442040</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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				<small>Digitally signed by Lonnie Rue DN:cn=Lonnie Rue,email=lroe@brazosnet.com,O=brazos tel coop inc, = , Date:5/13/2014</small> 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 North Texas Telephone Company			
Signature of Authorized Officer 			Date May 19, 2014
Printed name of Authorized Officer Toney Prather			
Title or position of Authorized Officer President			
Telephone number of Authorized Officer: (254) 893-4600 ext.			
Study Area Code of Reporting Carrier	442043	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CENTRAL TEXAS CO-OP</p>					
<p>Signature of Authorized Officer: Jamey Wigley</p>				<p>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</p>	
<p>Date: 5/13/2014</p>					
<p>Printed name of Authorized Officer: Jamey Wigley</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 325-648-2237</p>					
<p>Study Area Code of Reporting Carrier</p>	442052		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

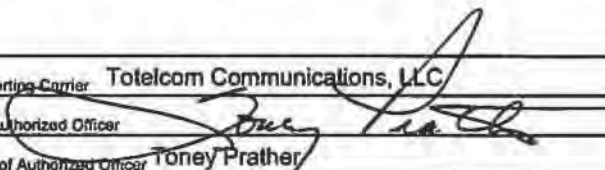
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: COLEMAN COUNTY CO-OP</p>					
<p>Signature of Authorized Officer: Tim Humpert</p>				<p>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</p>	
<p>Date: 5/9/2014</p>					
<p>Printed name of Authorized Officer: Tim Humpert</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 325-348-3124</p>					
<p>Study Area Code of Reporting Carrier</p>	442057		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Colorado Valley Telephone Cooperative, Inc.				
Signature of Authorized Officer 			Date May 8, 2014	
Printed name of Authorized Officer Scott Martin				
Title or position of Authorized Officer General Manager/Authorized Agent				
Telephone number of Authorized Officer: (979) 242-5911 ext.				
Study Area Code of Reporting Carrier	442059	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER,

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: COMMUNITY TEL CO</p>					
<p>Signature of Authorized Officer: Clifford Humpert</p>				<p><small>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</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Clifford Humpert</p>					
<p>Title or position of Authorized Officer: Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer: 940-423-6201</p>					
<p>Study Area Code of Reporting Carrier</p>	442061		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CUMBY TEL COOP INC</p>					
<p>Signature of Authorized Officer: Karen Zimmerman</p>				<p><small>Digitally signed by Karen Zimmerman DN:cn=Karen Zimmerman,email=karenz@cumbytel.com,O=cumby tel coop inc,l=Cumby TX 75433, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p>	
<p>Printed name of Authorized Officer: Karen Zimmerman</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 903-994-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	442065		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: DELL TEL. CO-OP - TX</p>					
<p>Signature of Authorized Officer: Marcy Guillen</p>				<p><small>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mg Guillen@dellcity.com,O=dell tel. co-op - tx,l= , Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Marcy Guillen</p>					
<p>Title or position of Authorized Officer: Office Manager</p>					
<p>Telephone number of Authorized Officer: 915-964-2352</p>					
<p>Study Area Code of Reporting Carrier</p>	442066		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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: EASTEX TEL COOP INC					
Signature of Authorized Officer: Steve Alexander				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ELECTRA TELEPHONE CO</p>					
<p>Signature of Authorized Officer: Deborah Nobles</p>				<p><small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=electra telephone co,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Deborah Nobles</p>					
<p>Title or position of Authorized Officer: VP Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer: 904-688-0029</p>					
<p>Study Area Code of Reporting Carrier</p>	442069		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FIVE AREA TEL CO-OP</p>					
<p>Signature of Authorized Officer: Sandy Vandevender</p>				<p><small>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</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Sandy Vandevender</p>					
<p>Title or position of Authorized Officer: Chief Executive Officer</p>					
<p>Telephone number of Authorized Officer: 806-272-5533</p>					
<p>Study Area Code of Reporting Carrier</p>	442071		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 <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>Secr. Treasurer</i>				
Telephone number of Authorized Officer: () , ext. <i>956 936 5243</i>				
Study Area Code of Reporting Carrier	<i>442073</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 <u>Ganado Telephone Co., Inc.</u>			
Signature of Authorized Officer <u>Bill Rakowitz</u>			Date <u>05/09/2014</u>
Printed name of Authorized Officer <u>Bill Rakowitz</u>			
Title or position of Authorized Officer <u>General Manager</u>			
Telephone number of Authorized Officer: <u>(361) 771-3331</u> ext. _____			
Study Area Code of Reporting Carrier	<u>442076</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GUADALUPE VALLEY TEL</p>					
<p>Signature of Authorized Officer: Robert Hunt</p>				<p><small>Digitally signed by Robert Hunt DN:cn=Robert Hunt,email=robert.hunt@gvtc.net,O=guadalupe valley tel,lc= , Date:5/14/2014</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer: Robert Hunt</p>					
<p>Title or position of Authorized Officer: VP-Regulatory Affairs & Corp. Dev.</p>					
<p>Telephone number of Authorized Officer: 830-885-8239</p>					
<p>Study Area Code of Reporting Carrier</p>	442083		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Hill Country Telephone Cooperative, Inc.			
Signature of Authorized Officer <i>Willard R. Bass</i>			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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: ALENCO COMMUNICATION</p>					
<p>Signature of Authorized Officer: Ray Bussell</p>				<p><small>Digitally signed by Ray Bussell DN:cn=Ray Bussell,email=ray@aciglobal.com,O=alenco communication,l=Joshua TX 76058, Date:5/8/2014</small></p> <p>Date: 5/8/2014</p>	
<p>Printed name of Authorized Officer: Ray Bussell</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 817-447-0127</p>					
<p>Study Area Code of Reporting Carrier</p>	442090		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: <u>ETS TEL. CO., INC.</u></p>					
<p>Signature of Authorized Officer: <u>Von Kauffman</u></p>				<p>Digitally signed by Von Kauffman DN:cn=Von Kauffman,email=vkauffman@entouch.net,O=ets tel. co., inc., Date:5/16/2014</p>	
<p>Date: <u>5/16/2014</u></p>					
<p>Printed name of Authorized Officer: <u>Von Kauffman</u></p>					
<p>Title or position of Authorized Officer: <u>Chief Financial Officer</u></p>					
<p>Telephone number of Authorized Officer: <u>281-225-0525</u></p>					
<p>Study Area Code of Reporting Carrier</p>	<u>442091</u>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<u>6/16/2014</u>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: LA WARD TEL EXCHANGE</p>					
<p>Signature of Authorized Officer: Terri Parker</p>				<p><small>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</small></p> <p>Date: 5/9/2014</p>	
<p>Printed name of Authorized Officer: Terri Parker</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 361-872-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>442103</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MID-PLAINS RURAL TEL</p>					
<p>Signature of Authorized Officer: Rick Hurt</p>				<p><small>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</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Rick Hurt</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 806-668-4420</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>442112</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

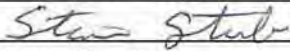
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MUNSTER DBA NORTEX</p>					
<p>Signature of Authorized Officer: Alan Rohmer</p>				<p>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</p>	
<p>Date: 5/8/2014</p>					
<p>Printed name of Authorized Officer: Alan Rohmer</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 940-759-2251</p>					
<p>Study Area Code of Reporting Carrier</p>	442116		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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				Peoples Telephone Cooperative, Inc.	
Signature of Authorized Officer					
				Date 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				<small>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</small> 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			
<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 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
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SOUTHWEST TEXAS TEL</p>					
<p>Signature of Authorized Officer: Gary Gilmer</p>				<p>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</p>	
<p>Date: 5/9/2014</p>					
<p>Printed name of Authorized Officer: Gary Gilmer</p>					
<p>Title or position of Authorized Officer: President, CEO</p>					
<p>Telephone number of Authorized Officer: 830-683-2111</p>					
<p>Study Area Code of Reporting Carrier</p>	<p>442135</p>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<p>6/16/2014</p>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SANTA ROSA TEL COOP</p>					
<p>Signature of Authorized Officer: Jason Tole</p>				<p><small>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</small></p> <p>Date: 5/7/2014</p>	
<p>Printed name of Authorized Officer: Jason Tole</p>					
<p>Title or position of Authorized Officer: CFO</p>					
<p>Telephone number of Authorized Officer: 940-886-2014</p>					
<p>Study Area Code of Reporting Carrier</p>	442141		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SOUTH PLAINS TEL</p>					
<p>Signature of Authorized Officer: Scotty Hart</p>				<p><small>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</small></p>	
<p>Date: 5/14/2014</p>					
<p>Printed name of Authorized Officer: Scotty Hart</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 806-763-2301</p>					
<p>Study Area Code of Reporting Carrier</p>	442143		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TATUM TEL CO</p>					
<p>Signature of Authorized Officer: Deborah Nobles</p>				<p>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=tatum tel co,lc= , Date:5/19/2014</p>	
<p>Date: 5/19/2014</p>					
<p>Printed name of Authorized Officer: Deborah Nobles</p>					
<p>Title or position of Authorized Officer: VP Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer: 904-688-0029</p>					
Study Area Code of Reporting Carrier	442150		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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TAYLOR TEL CO-OP INC</p>					
<p>Signature of Authorized Officer: Steve Singletary</p>				<p>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</p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer: Steve Singletary</p>					
<p>Title or position of Authorized Officer: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer: 325-846-4111</p>					
<p>Study Area Code of Reporting Carrier</p>	442151		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 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 05/09/2014
Printed name of Authorized Officer Amy Linzey				
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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: WES-TEX TEL CO-OP</p>					
<p>Signature of Authorized Officer: James Wilson</p>				<p><small>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</small></p> <p>Date: 5/14/2014</p>	
<p>Printed name of Authorized Officer: James Wilson</p>					
<p>Title or position of Authorized Officer: Executive Vice President</p>					
<p>Telephone number of Authorized Officer: 432-756-3393</p>					
<p>Study Area Code of Reporting Carrier</p>	442168		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: XIT RURAL TEL CO-OP</p>					
<p>Signature of Authorized Officer: Darrell Dennis</p>				<p><small>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</small></p> <p>Date: 5/8/2014</p>	
<p>Printed name of Authorized Officer: Darrell Dennis</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 806-384-3311</p>					
<p>Study Area Code of Reporting Carrier</p>	442170		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

442262

TO BE COMPLETED BY THE REPORTING CARRIER,

Certification of Officer as to the Accuracy of the CAF ICC Data Reported				
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier ENMR Telephone Cooperative TX				
Signature of Authorized Officer 				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
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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 Onsaie				Digitally signed by Carroll Onsaie DN:cn=Carroll Onsaie,email=consae@hopitelecom.com,O=hopi telecomm, inc.,l= , Date:5/19/2014	
Date: 5/19/2014					
Printed name of Authorized Officer: Carroll Onsaie					
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			
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.			
Name of Reporting Carrier San Carlos Apache Telecommunication Utility, Inc.			
Signature of Authorized Officer 			Date 05/15/2014
Printed name of Authorized Officer Shirley Ortiz			
Title or position of Authorized Officer CEO/General Manager			
Telephone number of Authorized Officer: (928) 475-7058 ext.			
Study Area Code of Reporting Carrier	452169	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: VALLEY TEL COOP-AZ</p>					
<p>Signature of Authorized Officer: Steven Metts</p>				<p><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></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Steven Metts</p>					
<p>Title or position of Authorized Officer: CEO / General Manager</p>					
<p>Telephone number of Authorized Officer: 520-384-2231</p>					
<p>Study Area Code of Reporting Carrier</p>	452176		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: GILA RIVER TELECOM.</p>					
<p>Signature of Authorized Officer: Derek White</p>				<p><small>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</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Derek White</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 520-796-8845</p>					
<p>Study Area Code of Reporting Carrier</p>	452179		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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: ACCIPITER DBA ZONA					
Signature of Authorized Officer: Jennifer Vellucci				<small>Digitally signed by Jennifer Vellucci DN: cn=Jennifer Vellucci, email=jvellucci@teamzona.com, O=accipiter dba zona, = , Date: 5/14/2014</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FORT MOJAVE TEL, INC</p>					
<p>Signature of Authorized Officer: Linda Gutierrez</p>				<p><small>Digitally signed by Linda Gutierrez DN:cn=Linda Gutierrez,email=linfnti@ftmojave.net,O=fort mojave tel, inc, Date:5/12/2014</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Linda Gutierrez</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 928-346-2521</p>					
<p>Study Area Code of Reporting Carrier</p>	452200		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

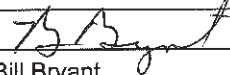
TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: MIDVALE-AZ</p>					
<p>Signature of Authorized Officer: John Stuart</p>				<p><small>Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale-az,I=M idvale ID 83645, Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: John Stuart</p>					
<p>Title or position of Authorized Officer: CEO</p>					
<p>Telephone number of Authorized Officer: 208-355-2211</p>					
<p>Study Area Code of Reporting Carrier</p>	452226		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: TABLE TOP TEL CO</p>					
<p>Signature of Authorized Officer: Matthew Boos</p>				<p><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></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Matthew Boos</p>					
<p>Title or position of Authorized Officer: Secretary/Treasurer</p>					
<p>Telephone number of Authorized Officer: 559-868-6322</p>					
<p>Study Area Code of Reporting Carrier</p>	453334		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 Saddleback Communications			
Signature of Authorized Officer 		Date 5-14-14	
Printed name of Authorized Officer Bill Bryant			
Title or position of Authorized Officer President/General Manager			
Telephone number of Authorized Officer: (480) 362-7001 ext.			
Study Area Code of Reporting Carrier	457991	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: AGATE MUTUAL TEL CO</p>					
<p>Signature of Authorized Officer: Amy Noah</p>				<p><small>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</small></p> <p>Date: 5/13/2014</p>	
<p>Printed name of Authorized Officer: Amy Noah</p>					
<p>Title or position of Authorized Officer: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer: 719-764-2578</p>					
<p>Study Area Code of Reporting Carrier</p>	462178		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BIJOU TEL COOP ASSOC</p>					
<p>Signature of Authorized Officer: Brian Creveling</p>				<p><small>Digitally signed by Brian Creveling DN:cn=Brian Creveling,email=creveling@netecin.net,O=bijou tel coop assoc,l= , Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Brian Creveling</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 303-822-5400</p>					
<p>Study Area Code of Reporting Carrier</p>	462181		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: BLANCA TEL CO</p>					
<p>Signature of Authorized Officer: Alan Wehe</p>				<p>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</p> <p>Date: 5/20/2014</p>	
<p>Printed name of Authorized Officer: Alan Wehe</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 719-379-3839</p>					
<p>Study Area Code of Reporting Carrier</p>	462182		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: EASTERN SLOPE RURAL</p>					
<p>Signature of Authorized Officer: Patricia White</p>				<p>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</p>	
<p>Date: 5/8/2014</p>					
<p>Printed name of Authorized Officer: Patricia White</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 719-743-2441</p>					
<p>Study Area Code of Reporting Carrier</p>	462186		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FARMERS TEL CO - CO</p>					
<p>Signature of Authorized Officer: Douglas Pace</p>				<p><small>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</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Douglas Pace</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 970-562-0058</p>					
<p>Study Area Code of Reporting Carrier</p>	462188		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: HAXTUN TEL CO</p>					
<p>Signature of Authorized Officer: Deborah Nobles</p>				<p><small>Digitally signed by Deborah Nobles DN:cn=Deborah Nobles,email=dnobles@townes.net,O=haxtun tel co,lc=US, Date:5/19/2014</small></p> <p>Date: 5/19/2014</p>	
<p>Printed name of Authorized Officer: Deborah Nobles</p>					
<p>Title or position of Authorized Officer: VP Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer: 904-688-0029</p>					
<p>Study Area Code of Reporting Carrier</p>	462190		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: NUCLA-NATURITA TEL</p>					
<p>Signature of Authorized Officer: Kelly Tomlinson</p>				<p>Digitally signed by Kelly Tomlinson DN:cn=Kelly Tomlinson,email=kelly@nntc.bz,O=nucula-naturita tel,l=Nucula CO 81424, Date:5/9/2014</p>	
<p>Date: 5/9/2014</p>					
<p>Printed name of Authorized Officer: Kelly Tomlinson</p>					
<p>Title or position of Authorized Officer: Secretary-Treasurer</p>					
<p>Telephone number of Authorized Officer: 970-864-7335</p>					
<p>Study Area Code of Reporting Carrier</p>	462193		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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 <u>Nunn Telephone Company</u>			
Signature of Authorized Officer <u>[Signature]</u>			Date <u>5/12/2014</u>
Printed name of Authorized Officer <u>James T. Turner</u>			
Title or position of Authorized Officer <u>President</u>			
Telephone number of Authorized Officer: <u>970</u>) <u>897-2200</u> ext. <u>—</u>			
Study Area Code of Reporting Carrier	<u>462194</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: SOUTH PARK TEL. CO.</p>					
<p>Signature of Authorized Officer: David Shipley</p>				<p><small>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</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: David Shipley</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 719-676-4151</p>					
<p>Study Area Code of Reporting Carrier</p>	462195		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PEETZ COOP TEL CO</p>					
<p>Signature of Authorized Officer: Kathy Glassburn</p>				<p><small>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</small></p> <p>Date: 5/8/2014</p>	
<p>Printed name of Authorized Officer: Kathy Glassburn</p>					
<p>Title or position of Authorized Officer: Office Manager</p>					
<p>Telephone number of Authorized Officer: 970-334-2220</p>					
<p>Study Area Code of Reporting Carrier</p>	462196		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PHILLIPS COUNTY TEL</p>					
<p>Signature of Authorized Officer: Vincent Kropp</p>				<p><small>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</small></p> <p>Date: 5/17/2014</p>	
<p>Printed name of Authorized Officer: Vincent Kropp</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 970-854-2201</p>					
<p>Study Area Code of Reporting Carrier</p>	462197		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PINE DRIVE TEL CO</p>					
<p>Signature of Authorized Officer: Matthew Sellers</p>				<p>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</p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Matthew Sellers</p>					
<p>Title or position of Authorized Officer: Vice President</p>					
<p>Telephone number of Authorized Officer: 719-485-3400</p>					
<p>Study Area Code of Reporting Carrier</p>	462198		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: PLAINS COOP TEL ASSN</p>					
<p>Signature of Authorized Officer: D. Felty</p>				<p><small>Digitally signed by D. Felty DN:cn=D. Felty,email=dkfelty@plainstel.com,O=plains coop tel assn, =Joes CO 80822, Date:5/16/2014</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: D. Felty</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 970-358-4211</p>					
<p>Study Area Code of Reporting Carrier</p>	462199		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: RICO TEL CO</p>					
<p>Signature of Authorized Officer: Douglas Pace</p>				<p><small>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</small></p> <p>Date: 5/16/2014</p>	
<p>Printed name of Authorized Officer: Douglas Pace</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 970-562-0058</p>					
<p>Study Area Code of Reporting Carrier</p>	462201		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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: ROGGEN TEL COOP CO					
Signature of Authorized Officer: Peggy Manino				<small>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</small> 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				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: STONEHAM COOP TEL CO</p>					
<p>Signature of Authorized Officer: Taya Northrup</p>				<p><small>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</small></p> <p>Date: 5/15/2014</p>	
<p>Printed name of Authorized Officer: Taya Northrup</p>					
<p>Title or position of Authorized Officer: Office Manager</p>					
<p>Telephone number of Authorized Officer: 970-735-2251</p>					
<p>Study Area Code of Reporting Carrier</p>	462206		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					

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 HendricksonDate May 20, 2014Printed name of Authorized Officer Terry HendricksonTitle or position of Authorized Officer CEO/GMTelephone number of Authorized Officer: (970) 483-7343 ext.

Study Area Code of Reporting Carrier

462209Filing Due Date for this form
(mm/dd/yyyy)6/16/2014

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

TO BE COMPLETED BY THE REPORTING CARRIER.

Certification of Officer as to the Accuracy of the CAF ICC Data Reported					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy 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				<small>Digitally signed by Carrie Klem DN:cn=Carrie Klem,email=carriek@willardtell.com,O=willard tel co,l= , Date:5/13/2014</small> 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				<small>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</small> 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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CAMBRIDGE TEL CO</p>					
<p>Signature of Authorized Officer: Kristie Kanady</p>				<p><small>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</small></p> <p>Date: 5/12/2014</p>	
<p>Printed name of Authorized Officer: Kristie Kanady</p>					
<p>Title or position of Authorized Officer: Billing Manager</p>					
<p>Telephone number of Authorized Officer: 208-257-3314</p>					
<p>Study Area Code of Reporting Carrier</p>	472215		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: CUSTER TEL COOP</p>					
<p>Signature of Authorized Officer: Clayton Severe</p>				<p><small>Digitally signed by Clayton Severe DN:cn=Clayton Severe,email=csevere@custer tel coop, =Challis ID 83226, Date:5/13/2014</small></p> <p>Date: 5/13/2014</p>	
<p>Printed name of Authorized Officer: Clayton Severe</p>					
<p>Title or position of Authorized Officer: President</p>					
<p>Telephone number of Authorized Officer: 208-879-2281</p>					
<p>Study Area Code of Reporting Carrier</p>	472218		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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					
<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.</p>					
<p>Name of Reporting Carrier: FILER MUTUAL TEL -ID</p>					
<p>Signature of Authorized Officer: Steve Cowger</p>				<p><small>Digitally signed by Steve Cowger DN: cn=Steve Cowger, email=stevec@filertel.com, O=filer mutual tel -id, l=Filer ID 83328, Date: 5/9/2014</small></p> <p>Date: 5/9/2014</p>	
<p>Printed name of Authorized Officer: Steve Cowger</p>					
<p>Title or position of Authorized Officer: General Manager</p>					
<p>Telephone number of Authorized Officer: 208-326-4339</p>					
<p>Study Area Code of Reporting Carrier</p>	472220		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	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>					