

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Daniel Greig**  
Digitally signed by Daniel Greig DN:cn=Daniel Greig,email=dan@fmtc.com,O=farmers mutual tel,l=Fruitland ID 83619, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Daniel Greig**

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

Telephone number of Authorized Officer or employee: **208-452-3100**

Study Area Code of Reporting Carrier

**472221**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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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Name of Reporting Carrier: **Fremont Telcom**

Signature of Authorized Officer or employee: **Theodore Otis**  
Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=fremont telcom,lc= , Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Theodore Otis**

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

Telephone number of Authorized Officer or employee: **406-541-5228**

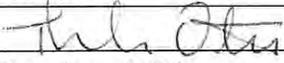
Study Area Code of Reporting Carrier	<b>472222</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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Name of Reporting Carrier					Fremont Telcom				
Signature of authorized officer						Date		10/23/14	
Printed name of authorized officer					Theodore P. Otis				
Title or position of authorized officer					Chief Financial Officer				
Telephone number of authorized officer:					(406) 541-5228				
Study Area Code of Reporting Carrier			472222		Filing Due Date for this form (mm/dd/yyyy)		November 2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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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Name of Reporting Carrier: MIDVALE TEL EXCH INC

Signature of Authorized Officer or employee: **John Stuart**

Digitally signed by John Stuart DN:cn=John Stuart,email=john.stuart@mtecom.com,O=midvale tel exch inc,l=Midvale ID 83645, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: John Stuart

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 208-355-2211

Study Area Code of Reporting Carrier

472226

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

6/16/2014

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

RECEIVED 05/19/2014 15:00 12083745688

MUD LAKE TELEPHONE

Ron's Tire Factory

Fax: 1-208-663-4989

May 19 2014 03:35pm

APPENDIX C  
EXHIBIT 1  
P0017004

472227

800-551-1328

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier: Mud Lake Telephone Cooperative Association, Inc.			
Signature of authorized officer: <i>[Signature]</i>	Date:	5/19/2014	
Printed name of authorized officer: Justin Petersen			
Title or position of authorized officer: President			
Telephone number of authorized officer: (208) 374-5401			
Study Area Code of Reporting Carrier: 472227	Filing Due Date for this form (mm/dd/yyyy):	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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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Name of Reporting Carrier: PROJECT MUTUAL TEL

Signature of Authorized Officer or employee: Rick Harder

Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer or employee: Rick Harder

Title or position of Authorized Officer or employee: CFO/Treasurer

Telephone number of Authorized Officer or employee: 208-434-7124

Study Area Code of Reporting Carrier

472231

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

6/16/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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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Name of Reporting Carrier: **DIRECT COMM-ROCKLAND**

Signature of Authorized Officer or employee: **Leonard May**

Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland,I=Rockland ID 83271, Date:5/9/2014

Date: **5/9/2014**

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

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

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

Study Area Code of Reporting Carrier

**472232**

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

**6/16/2014**

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

472233

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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Name of Reporting Carrier				Rural Telephone Company-ID	
Signature of authorized officer				Date	05/19/2014
Printed name of authorized officer		Michael J. Martell			
Title or position of authorized officer		Vice-President			
Telephone number of authorized officer:		(208) 366-2614 <sub>ext</sub>			
Study Area Code of Reporting Carrier	472233	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>					

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Name of Reporting Carrier: SILVER STAR TEL- ID

Signature of Authorized Officer or employee: **Jefferson England**  
Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel-id,I=Freedom WY 83120, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Jefferson England

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 307-883-6675

Study Area Code of Reporting Carrier	472295		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

472423

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

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
Name of Reporting Carrier <b>Inland Telephone Company - ID</b>				
Signature of authorized officer <i>Gregory A. Maras</i>			Date	May 20, 2014
Printed name of authorized officer <b>Gregory A Maras</b>				
Title or position of authorized officer <b>Secretary</b>				
Telephone number of authorized officer: <b>(509) 649-2211</b> <sub>ext.</sub>				
Study Area Code of Reporting Carrier	<b>472423</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

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Name of Reporting Carrier: **BLACKFOOT TEL - BTC**

Signature of Authorized Officer or employee: **Theodore Otis**  
Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=blackfoot tel - btc,lc= , Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Theodore Otis**

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

Telephone number of Authorized Officer or employee: **406-541-5228**

Study Area Code of Reporting Carrier

**482235**

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

**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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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Name of Reporting Carrier: **HOT SPRINGS TEL CO**

Signature of Authorized Officer or employee: **Kathe Johnson**  
Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe\_ann@yahoo.com,O=hot springs tel co,l=Missoula MT 59808, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Kathe Johnson**

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

Telephone number of Authorized Officer or employee: **406-721-0846**

Study Area Code of Reporting Carrier

**482241**

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

**6/16/2014**

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

482242

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier **InterBel Telephone Cooperative, Inc.**

Signature of authorized officer  Date **05/12/14**

Printed name of authorized officer **Randy L Wilson**

Title or position of authorized officer **CEO General Manager**

Telephone number of authorized officer: **(406) 889-3311**

Study Area Code of Reporting Carrier	<b>482242</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
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Name of Reporting Carrier: LINCOLN TEL CO INC

Signature of Authorized Officer or employee: **Ken Lumpkin**  
Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@lincotel.net,O=lincoln tel co inc, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Ken Lumpkin

Title or position of Authorized Officer or employee: General Manager / Sales Manager / Treasurer

Telephone number of Authorized Officer or employee: 406-362-4216

Study Area Code of Reporting Carrier	402244		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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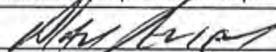
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

482246

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier				Mid-Rivers Telephone Cooperative, Inc.	
Signature of authorized officer				Date	05/14/2014
Printed name of authorized officer		Alan Sevier			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(406) 485-3301 ext.			
Study Area Code of Reporting Carrier	482246	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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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Name of Reporting Carrier: NEMONT TEL COOP-MT

Signature of Authorized Officer or employee: Remi Sun

Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop-mt,l=Scobey MT 59263-0600, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Remi Sun

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-783-2358

Study Area Code of Reporting Carrier

482247

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

6/16/2014

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

Signature of Authorized Officer or employee: **Rick Neva**

Digitally signed by Rick Neva DN:cn=Rick Neva,email=rneva@northerntel.net,O=northern tel coop,l=Sunburst MT 59482-0190, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Rick Neva**

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

Telephone number of Authorized Officer or employee: **406-937-2114**

Study Area Code of Reporting Carrier

**482248**

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

**6/16/2014**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: PROJECT TEL CO

Signature of Authorized Officer or employee: **Remi Sun**  
Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=project tel co,l=Scobey MT 59263-0600, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Remi Sun

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-783-2358

Study Area Code of Reporting Carrier

482250

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: RANGE TEL COOP-MT

Signature of Authorized Officer or employee: **Erick Steinman**  
Digitally signed by Eric= Steinman DN:cn, Eric= Steinman@mail, eric=k rangetel.coop@, range tel coop-mt@ @ate:5/14/1420

Date: 5/20/2014

Printed name of Authorized Officer or employee: Erick Steinman

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-347-2226

Study Area Code of Reporting Carrier

482251

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

6/16/2014

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Name of Reporting Carrier: SOUTHERN MONTANA TEL

Signature of Authorized Officer or employee: **Larry Mason**  
Digitally signed by Larry Mason DN:cn=Larry Mason,email=LMason@SMTel.com,O=southern montana tel,l=Wisdom MT 59761, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Larry Mason

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

Telephone number of Authorized Officer or employee: 406-689-3333

Study Area Code of Reporting Carrier

482254

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

6/16/2014

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Name of Reporting Carrier: 3-RIVERS TEL COOP

Signature of Authorized Officer or employee: **Bradley Veis**  
Digitally signed by Bradley Veis DN:cn=Bradley Veis,email=brad.veis@3rivers.coop,O=3-rivers tel coop,l=Fairfield MT 59436-0429, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Bradley Veis

Title or position of Authorized Officer or employee: Director of Finance/CFO

Telephone number of Authorized Officer or employee: 406-467-4405

Study Area Code of Reporting Carrier	482255		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Name of Reporting Carrier: TRIANGLE TEL COOP

Signature of Authorized Officer or employee: **Richard Stevens**  
Digitally signed by Richard Stevens DN:cn=Richard Stevens,email=rstevens@itstriangle.net,O=triangle tel coop,l=Havre MT 59501-1220, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer or employee: Richard Stevens

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 406-394-2000

Study Area Code of Reporting Carrier	482257		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Name of Reporting Carrier: 0BLACKFOOTBEAKO

Signature of Authorized Officer or employee: **Theodore Otis**  
Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=blackfoot tel - cft,l= , Date:5/14/2014

Date: 5/14/14

Printed name of Authorized Officer or employee: Theodore Otis

Title or position of Authorized Officer or employee: AKF

Telephone number of Authorized Officer or employee: 435-541-1118

Study Area Code of Reporting Carrier

482238

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

5/14/14

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CENTRAL MONTANA**

Signature of Authorized Officer or employee: **Richard Stevens**

Digitally signed by Richard Stevens DN:cn=Richard Stevens,email=rstevens@itstriangle.net,O=central montana,l=Havre MT 59501-1220, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Richard Stevens**

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

Telephone number of Authorized Officer or employee: **406-394-2000**

Study Area Code of Reporting Carrier

**483310**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MESCALERO APACHE**

Signature of Authorized Officer or employee: **Godfrey Enjady**  
Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache,I=Mescalero NM 88340, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Godfrey Enjady**

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

Telephone number of Authorized Officer or employee: **505-795-5555**

Study Area Code of Reporting Carrier	<b>491231</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **DELL TEL CO-OP - NM**

Signature of Authorized Officer or employee: **Marcy Guillen**  
Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@dellcity.com,O=dell tel co-op - nm,l= , Date:5/12/2014

Date: **5/12/2014**

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

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

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

Study Area Code of Reporting Carrier

**492066**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: VALLEY TEL COOP - NM

Signature of Authorized Officer or employee: **Steven Metts**

Digitally signed by Steven Metts DN:cn=Steven Metts,email=steven.metts@vtc.net,O=valley tel coop - nm,l=Willcox AZ 85644, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Steven Metts

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

Telephone number of Authorized Officer or employee: 520-384-2231

Study Area Code of Reporting Carrier

492176

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BACA VALLEY TEL CO**

Signature of Authorized Officer or employee: **Peggy Briesh**

Digitally signed by Peggy Briesh DN:cn=Peggy Briesh,email=bvtpb@bacavalley.com,O=baca valley tel co,l=Des Moines NM 88418-0067, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Peggy Briesh**

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

Telephone number of Authorized Officer or employee: **575-278-2101**

Study Area Code of Reporting Carrier

**492259**

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

**6/16/2014**

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

492262

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

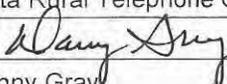
Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier ENMR Telephone Cooperative NM			
Signature of authorized officer 		Date	3-19-2014
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	492262	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

492263

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				La Jicarita Rural Telephone Cooperative, Inc.	
Signature of authorized officer				Date	5-19-14
Printed name of authorized officer		Danny Gray			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer:		(575) 387-2216			
Study Area Code of Reporting Carrier		492263	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LEACO RURAL TEL COOP**

Signature of Authorized Officer or employee: **Dale Snider**

Digitally signed by Dale Snider DN:cn=Dale Snider,email=dsnider@leaco.org,O=leaco rural tel coop,l= , Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Dale Snider**

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

Telephone number of Authorized Officer or employee: **575-433-4301**

Study Area Code of Reporting Carrier

**492264**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: Tularosa Basin Tel.

Signature of Authorized Officer or employee: Joshua Beug

Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbc.net,O=tularosa basin tel.,l= , Date:5/9/2014

Date: 5/9/2014

Printed name of Authorized Officer or employee: Joshua Beug

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 575-585-0125

Study Area Code of Reporting Carrier

492265

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **WESTERN NEW MEXICO**

Signature of Authorized Officer or employee: **John Francis**  
Digitally signed by John Francis DN:cn=John Francis,email=jfrancis@wnmt.com,O=western new mexico,l=Silver City NM 88061, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **John Francis**

Title or position of Authorized Officer or employee: **Exec. Vice President**

Telephone number of Authorized Officer or employee: **575-535-2230**

Study Area Code of Reporting Carrier

**492268**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Kevin Bartley**

Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel, Inc., Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Kevin Bartley**

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

Telephone number of Authorized Officer or employee: **575-748-1241**

Study Area Code of Reporting Carrier

**492270**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: ROOSEVELT CNTY RURAL

Signature of Authorized Officer or employee: **Cecile Archibeque**  
Digitally signed by Cecile Archibeque DN:cn=Cecile Archibeque,email=cecile@yuccatelecom.com,O=roosevelt cnty rural,l=Portales NM 88130-0867, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Cecile Archibeque

Title or position of Authorized Officer or employee: General Manager/EO

Telephone number of Authorized Officer or employee: 575-226-2255

Study Area Code of Reporting Carrier

492272

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: SACRED WIND

Signature of Authorized Officer or employee: John Badal

Digitally signed by John Badal DN:cn=John Badal,email=jbadal@sacred-wind.com,O=sacred wind,l= , Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: John Badal

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

Telephone number of Authorized Officer or employee: 505-821-5080

Study Area Code of Reporting Carrier

493403

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **DIRECTCOMM-CEDAR VAL**

Signature of Authorized Officer or employee: **Kip Wilson**  
Digitally signed by Kip Wilson DN:cn=Kip Wilson,email=kip@directcom.com,O=directcomm-cedar val,l=Rockland ID 83271, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Kip Wilson**

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

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

Study Area Code of Reporting Carrier

**500758**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CENTRAL UTAH TEL INC**

Signature of Authorized Officer or employee: **Mike Plows**  
Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Mike Plows**

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

Telephone number of Authorized Officer or employee: **425-275-1013**

Study Area Code of Reporting Carrier

**502277**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Natalie Gleave**  
Digitally signed by Natalie Gleave DN:cn=Natalie Gleave,email=natalieg@gtelco.net,O=gunnison tel co,l=Gunnison UT 84634, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Natalie Gleave**

Title or position of Authorized Officer or employee: **Controller/Director**

Telephone number of Authorized Officer or employee: **435-528-7236**

Study Area Code of Reporting Carrier

**502279**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: MANTI TEL CO

Signature of Authorized Officer or employee: Dallas Cox

Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti tel co,l= , Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer or employee: Dallas Cox

Title or position of Authorized Officer or employee: Vice President and General Manager

Telephone number of Authorized Officer or employee: 435-835-3391

Study Area Code of Reporting Carrier

502282

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **SKYLINE TELECOM**

Signature of Authorized Officer or employee: **Mike Plows**

Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Mike Plows**

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

Telephone number of Authorized Officer or employee: **425-275-1013**

Study Area Code of Reporting Carrier

**502283**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: BEEHIVE TEL CO - UT

Signature of Authorized Officer or employee: **Jacob Warner**

Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - ut, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Jacob Warner

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

Telephone number of Authorized Officer or employee: 435-837-6000

Study Area Code of Reporting Carrier

502284

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

6/16/2014

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

502286

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				South Central Utah Telephone Assn, Inc.			
Signature of authorized officer			<i>Michael R. East</i>		Date		05/20/2014
Printed name of authorized officer			Michael R. East				
Title or position of authorized officer			CEO				
Telephone number of authorized officer:			(435) 826-4211				
Study Area Code of Reporting Carrier		502286	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **UBTA-UBET/STRATA**

Signature of Authorized Officer or employee: **Karl Searle**  
Digitally signed by Karl Searle DN:cn=Karl Searle,email=ksearle@stratanetworks.com,O=ubta-ubet/strata,I=Roosevelt UT 84066, Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Karl Searle**

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

Telephone number of Authorized Officer or employee: **435-622-5472**

Study Area Code of Reporting Carrier

**502287**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: ALL WEST COMM-UT

Signature of Authorized Officer or employee: **Jenny Prescott**  
Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm-ut,l=Kamas UT 84036, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Jenny Prescott

Title or position of Authorized Officer or employee: VP Customer Service & Finance

Telephone number of Authorized Officer or employee: 435-783-4913

Study Area Code of Reporting Carrier	502288		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: BEAR LAKE COMM

Signature of Authorized Officer or employee: **Mike Plows**  
Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm,l= , Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Mike Plows

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

Telephone number of Authorized Officer or employee: 425-275-1013

Study Area Code of Reporting Carrier

503032

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: RANGE TEL COOP - WY

Signature of Authorized Officer or employee: **Erick Steinman**  
Digitally signed by Erick Steinman DN:cn=Erick Steinman,email=erick@rangetel.coop,O=range tel coop - wy,l= , Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer or employee: Erick Steinman

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-347-2226

Study Area Code of Reporting Carrier	512251		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Greg Cashner**  
Digitally signed by Greg Cashner DN:cn=Greg Cashner,email=greg.cashner@chugtelco.com,O=chugwater tel co,l=Chugwater WY 82210, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Greg Cashner**

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

Telephone number of Authorized Officer or employee: **307-422-3535**

Study Area Code of Reporting Carrier	<b>512289</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: ALL WEST COMM.-WY

Signature of Authorized Officer or employee: **Jenny Prescott**  
Digitally signed by Jenny Prescott DN:cn=Jenny Prescott,email=jenny.prescott@allwest.com,O=all west comm.-wy,l=Kamas UT 84036, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Jenny Prescott

Title or position of Authorized Officer or employee: VP Customer Service & Finance

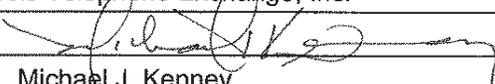
Telephone number of Authorized Officer or employee: 435-783-4913

Study Area Code of Reporting Carrier	512290		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

512291

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier <b>Dubois Telephone Exchange, Inc.</b>			
Signature of authorized officer 		Date	<b>5/13/14</b>
Printed name of authorized officer <b>Michael J. Kenney</b>			
Title or position of authorized officer <b>Vice President/General Manager</b>			
Telephone number of authorized officer: <b>(307) 455-2341</b> , ext.			
Study Area Code of Reporting Carrier	<b>512291</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: SILVER STAR TEL-WY

Signature of Authorized Officer or employee: **Jefferson England**  
Digitally signed by Jefferson England DN:cn=Jefferson England,email=jengland@silverstar.net,O=silver star tel-wy,l=Freedom WY 83120, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Jefferson England

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 307-883-6675

Study Area Code of Reporting Carrier	512295		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: WESTGATE dba WEA/TEL

Signature of Authorized Officer or employee: **Richard Weaver**

Digitally signed by Richard Weaver DN:cn=Richard Weaver,email=rick@weavnet.com,O=westgate dba weavtel,l=Chelan WA 98816, Date:5/14/2014

Date: 5/14/2014

Printed name of Authorized Officer or employee: Richard Weaver

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 509-682-5556

Study Area Code of Reporting Carrier

520580

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: SKYLINE TELECOM CO.

Signature of Authorized Officer or employee: **Delinda Kluser**

Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=skyline telecom co.,l=Mt. Vernon OR 97865-0609, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Delinda Kluser

Title or position of Authorized Officer or employee: Vice President, Manager

Telephone number of Authorized Officer or employee: 541-932-4411

Study Area Code of Reporting Carrier

520581

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

6/16/2014

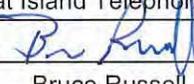
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

522417

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier					Hat Island Telephone Company				
Signature of authorized officer						Date		05/16/2014	
Printed name of authorized officer					Bruce Russell				
Title or position of authorized officer					Chief Operating Officer				
Telephone number of authorized officer:					(360) 321-0086				
Study Area Code of Reporting Carrier			522417		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>									

522418

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
Name of Reporting Carrier <b>Pend Oreille Telephone Company</b>				
Signature of authorized officer 			Date	<b>05/19/2014</b>
Printed name of authorized officer <b>Michael J. Martell</b>				
Title or position of authorized officer <b>Vice-President</b>				
Telephone number of authorized officer: <b>(208) 366-2614</b>				
Study Area Code of Reporting Carrier	<b>522418</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

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

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

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

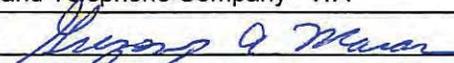
Name of Reporting Carrier: Hood Canal Telephone Co., Inc.			
Signature of authorized officer: <i>Richard Buechel</i>	Date:	5/8/14	
Printed name of authorized officer: Richard Buechel			
Title or position of authorized officer: President			
Telephone number of authorized officer: (360) 898-2481			
Study Area Code of Reporting Carrier:	522419	Filing Due Date for this form (mm/dd/yyyy):	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

522423

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

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

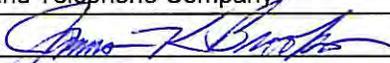
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier				Inland Telephone Company - WA	
Signature of authorized officer				Date	May 20, 2014
Printed name of authorized officer		Gregory A. Maras			
Title or position of authorized officer		Secretary			
Telephone number of authorized officer:		(509) 649-2211			
Study Area Code of Reporting Carrier	522423	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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

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

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

Name of Reporting Carrier <b>Inland Telephone Company</b>			
Signature of authorized officer 		Date	<b>10/22/2014</b>
Printed name of authorized officer <b>James K. Brooks</b>			
Title or position of authorized officer <b>Treasurer/Controller</b>			
Telephone number of authorized officer: <b>(509) 649-2211</b>			
Study Area Code of Reporting Carrier	<b>522423</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>November 2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Rick Vitzthum**

Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=kalama tel co,l=Tenino WA 98589, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Rick Vitzthum**

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

Telephone number of Authorized Officer or employee: **360-264-3155**

Study Area Code of Reporting Carrier

**522426**

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

**6/16/2014**

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

522431

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

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

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

Name of Reporting Carrier				Mashell Telecom, Inc.	
Signature of authorized officer			Date		5/19/2014
Printed name of authorized officer					
Brian Haynes					
Title or position of authorized officer					
President/CEO					
Telephone number of authorized officer: (360) 832-4130 ext.					
Study Area Code of Reporting Carrier		522431	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

522437

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **Pioneer Telephone Company**

Signature of authorized officer *Dallas Filan* Date **5/8/2014**

Printed name of authorized officer **Dallas Filan**

Title or position of authorized officer **General Manager**

Telephone number of authorized officer: **(509) 549-3511**<sub>ext.</sub>

Study Area Code of Reporting Carrier	<b>522437</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ST JOHN TEL CO**

Signature of Authorized Officer or employee: **Gregory Morasch**  
Digitally signed by Gregory Morasch DN:cn=Gregory Morasch,email=gmorasch@stjohncable.com,O=st john tel co,l=St. John WA 99171, Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer or employee: **Gregory Morasch**

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

Telephone number of Authorized Officer or employee: **509-648-3322**

Study Area Code of Reporting Carrier

**522442**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TENINO TELEPHONE CO**

Signature of Authorized Officer or employee: **Rick Vitzthum**  
Digitally signed by Rick Vitzthum DN:cn=Rick Vitzthum,email=rick@scattercreek.net,O=tenino telephone co,l=Tenino WA 98589, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Rick Vitzthum**

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

Telephone number of Authorized Officer or employee: **360-264-3155**

Study Area Code of Reporting Carrier

**522446**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TOLEDO TELEPHONE CO**

Signature of Authorized Officer or employee:	<b>Philip Cappalonga</b> Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co,l= , Date:5/15/2014	Date: <b>5/15/2014</b>
----------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------

Printed name of Authorized Officer or employee: **Philip Cappalonga**

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

Telephone number of Authorized Officer or employee: **360-864-2004**

Study Area Code of Reporting Carrier	<b>522447</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

522451

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				WESTERN WAHKIAKUM COUNTY TELEPHONE COMPANY	
Signature of authorized officer				Date	05/13/2014
Printed name of authorized officer		STEVEN M. APPELO			
Title or position of authorized officer		CORPORATE SECRETARY			
Telephone number of authorized officer:		(360) 465-2211 ext.			
Study Area Code of Reporting Carrier	522451	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		

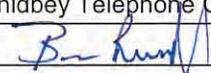
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

522452

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Whidbey Telephone Company	
Signature of authorized officer				Date	05/16/2014
Printed name of authorized officer		Bruce Russell			
Title or position of authorized officer		Chief Operating Officer			
Telephone number of authorized officer:		(360) 321-0086 ext.			
Study Area Code of Reporting Carrier	522452	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BEAVER CREEK COOP**

Signature of Authorized Officer or employee: **Paul Hauer**

Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@bctelco.com,O=beaver creek coop,l=Oregon City OR 97045, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Paul Hauer**

Title or position of Authorized Officer or employee: **CEO/President**

Telephone number of Authorized Officer or employee: **503-632-6314**

Study Area Code of Reporting Carrier

**532359**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: CANBY TEL ASSN

Signature of Authorized Officer or employee: Paul Hauer

Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=canby tel assn,l=Oregon City OR 97045, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Paul Hauer

Title or position of Authorized Officer or employee: CEO/President

Telephone number of Authorized Officer or employee: 503-632-6314

Study Area Code of Reporting Carrier

532362

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: CLEAR CREEK MUTUAL

Signature of Authorized Officer or employee: Mitchell Moore

Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer or employee: Mitchell Moore

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 503-631-2101

Study Area Code of Reporting Carrier

532363

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: COLTON TEL CO

Signature of Authorized Officer or employee: **Steve Krogue**  
Digitally signed by Steve Krogue DN:cn=Steve Krogue,email=steve@coltontel.com,O=colton tel co,l=Colton OR 97017-0068, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer or employee: Steve Krogue

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 503-824-3211

Study Area Code of Reporting Carrier

532364

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **EAGLE TEL SYSTEMS**

Signature of Authorized Officer or employee: **Mike Lattin**

Digitally signed by Mike Lattin DN:cn=Mike Lattin,email=eagle@eagletelephone.com,O=eagle tel systems,l=Richland OR 97870, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Mike Lattin**

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

Telephone number of Authorized Officer or employee: **541-893-6111**

Study Area Code of Reporting Carrier

**532369**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CASCADE UTIL INC**

Signature of Authorized Officer or employee: **Brooke Wheeler**  
Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=cascade util inc,l=Estacada OR 97023, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

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

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier

**532371**

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

**6/16/2014**

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

532373

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

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

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

Name of Reporting Carrier Gervais Telephone Company

Signature of authorized officer



Date

May 15, 2014

Printed name of authorized officer John Hoffmann

Title or position of authorized officer President/CEO

Telephone number of authorized officer: (503) 792-3611 ext.

Study Area Code of Reporting Carrier

532373

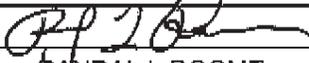
Filing Due Date for this form  
(mm/dd/yyyy)

6/16/2014

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

532375

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier: ROOME TELECOMMUNICATIONS INC			
Signature of authorized officer: 		Date:	5-1-14
Printed name of authorized officer: RANDAL L ROOME			
Title or position of authorized officer: PRESIDENT			
Telephone number of authorized officer: (541) 369-2211			
Study Area Code of Reporting Carrier:	532375	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **James Smith**  
Digitally signed by James Smith DN:cn=James Smith,email=htc@helixtel.com,O=helix tel co.,l=Helix OR 97385, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **James Smith**

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

Telephone number of Authorized Officer or employee: **541-457-2385**

Study Area Code of Reporting Carrier	<b>532376</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TRANS-CASCADES TEL**

Signature of Authorized Officer or employee: **Brooke Wheeler**  
Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=trans-cascades tel,l=Estacada OR 97023, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Brooke Wheeler**

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

Telephone number of Authorized Officer or employee: **503-630-8952**

Study Area Code of Reporting Carrier	<b>532378</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

532383

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Molalla Communications	
Signature of authorized officer			Date		5-19-14
Printed name of authorized officer Steve Loutzenhiser					
Title or position of authorized officer President/CEO					
Telephone number of authorized officer: (503) 829-1123 ext.					
Study Area Code of Reporting Carrier		53283	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Geri Fraijo**

Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor coop tel,l= , Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Geri Fraijo**

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

Telephone number of Authorized Officer or employee: **503-634-2266**

Study Area Code of Reporting Carrier

**532384**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MONROE TELEPHONE CO.**

Signature of Authorized Officer or employee: **Donna Dillard**  
Digitally signed by Donna Dillard DN:cn=Donna Dillard,email=NECAaffairs@monroetel.com,O=monroe telephone co.,l=Monroe OR 97456, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Donna Dillard**

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

Telephone number of Authorized Officer or employee: **541-847-5135**

Study Area Code of Reporting Carrier

**532385**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: MT. ANGEL TEL CO.

Signature of Authorized Officer or employee: **Paul Hauer**  
Digitally signed by Paul Hauer DN:cn=Paul Hauer,email=phauer@cbsoregon.com,O=mt. angel tel co.,l=Oregon City OR 97045, Date:5/19/2014

Date: 5/19/2014

Printed name of Authorized Officer or employee: Paul Hauer

Title or position of Authorized Officer or employee: CEO/President

Telephone number of Authorized Officer or employee: 503-632-6314

Study Area Code of Reporting Carrier

532386

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

6/16/2014

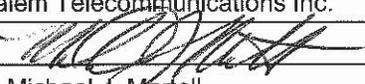
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

532387

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				Nehalem Telecommunications Inc.	
Signature of authorized officer				Date	05/19/2014
Printed name of authorized officer		Michael J. Martell			
Title or position of authorized officer		Vice-President			
Telephone number of authorized officer:		(208) 366-2614 ext.			
Study Area Code of Reporting Carrier	532387	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **NORTH STATE TEL CO.**

Signature of Authorized Officer or employee: **Delinda Kluser**  
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=north state tel co.,l=Mt. Vernon OR 97865-0609, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Delinda Kluser**

Title or position of Authorized Officer or employee: **Vice President, Manager**

Telephone number of Authorized Officer or employee: **541-932-4411**

Study Area Code of Reporting Carrier

**532388**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: OREGON TEL CORP

Signature of Authorized Officer or employee: **Delinda Kluser**  
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp,l=Mt. Vernon OR 97865-0609, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Delinda Kluser

Title or position of Authorized Officer or employee: Vice President, Manager

Telephone number of Authorized Officer or employee: 541-932-4411

Study Area Code of Reporting Carrier

532389

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: OREGON-IDAHO UTIL.

Signature of Authorized Officer or employee: **Justin Perez**  
Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho util.,I=Nampa ID 83653, Date:5/8/2014

Date: 5/8/2014

Printed name of Authorized Officer or employee: Justin Perez

Title or position of Authorized Officer or employee: Controller / Corporate Secretary

Telephone number of Authorized Officer or employee: 208-461-7802

Study Area Code of Reporting Carrier	532390		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PEOPLES TEL CO. - OR**

Signature of Authorized Officer or employee: **Don Lawrence**  
Digitally signed by Don Lawrence DN:cn=Don Lawrence,email=donl@sctcweb.com,O=peoples tel co. - or,l=Stayton OR 97383, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Don Lawrence**

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

Telephone number of Authorized Officer or employee: **503-769-9057**

Study Area Code of Reporting Carrier

**532391**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **PINE TEL SYSTEM INC.**

Signature of Authorized Officer or employee: **Ron Milford**

Digitally signed by Ron Milford DN:cn=Ron Milford,email=ronl@pinetel.net,O=pine tel system inc.,l=Halfway OR 97834, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Ron Milford**

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

Telephone number of Authorized Officer or employee: **541-742-2201**

Study Area Code of Reporting Carrier

**532392**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Michael Whalen**  
Digitally signed by Michael Whalen DN:cn=Michael Whalen,email=mikewhalen@pioneer.net,O=pioneer tel coop,l=Philomath OR 97370-0631, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Michael Whalen**

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

Telephone number of Authorized Officer or employee: **541-929-8256**

Study Area Code of Reporting Carrier	<b>532393</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: ST PAUL COOP ASSN

Signature of Authorized Officer or employee: **Nick Schneider**  
Digitally signed by Nick Schneider DN:cn=Nick Schneider,email=nick@stpaultel.com,O=st paul coop assn,l=St. Paul OR 97137, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer or employee: Nick Schneider

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 503-633-2111

Study Area Code of Reporting Carrier

532396

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: SCIO MUTUAL TEL ASSN

Signature of Authorized Officer or employee: **Thomas Barth**

Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tbarth@smt-net.com,O=scio mutual tel assn, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer or employee: Thomas Barth

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

Telephone number of Authorized Officer or employee: 503-394-3366

Study Area Code of Reporting Carrier

532397

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Don Lawrence**  
Digitally signed by Don Lawrence DN:cn=Don Lawrence,email=donl@sctcweb.com,O=stayton coop tel co,l=Stayton OR 97383, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **Don Lawrence**

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

Telephone number of Authorized Officer or employee: **503-769-9057**

Study Area Code of Reporting Carrier

**532399**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: OREGON TEL CORP-MTE

Signature of Authorized Officer or employee: **Delinda Kluser**  
Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,I=Mt. Vernon OR 97865-0609, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Delinda Kluser

Title or position of Authorized Officer or employee: Vice President, Manager

Telephone number of Authorized Officer or employee: 541-932-4411

Study Area Code of Reporting Carrier

533336

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

6/16/2014

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

542301

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

<b>Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery</b>				
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>				
Name of Reporting Carrier <b>Calaveras Telephone Company</b>				
Signature of authorized officer 			Date	<b>5/20/2014</b>
Printed name of authorized officer <b>Louis Cherniss</b>				
Title or position of authorized officer <b>Chief Financial Officer</b>				
Telephone number of authorized officer: <b>(209) 785-2211</b> <sub>ext.</sub>				
Study Area Code of Reporting Carrier		<b>542301</b>	Filing Due Date for this form <small>(mm/dd/yyyy)</small>	<b>6/16/2014</b>
<p style="text-align: center;">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 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>				

542311

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

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

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

Name of Reporting Carrier				CAL-ORE TELEPHONE CO.	
Signature of authorized officer			Date		05/16/14
Printed name of authorized officer			WAIHUN YEE		
Title or position of authorized officer			CFO		
Telephone number of authorized officer: (530) 397-2211 ext.					
Study Area Code of Reporting Carrier		542311	Filing Due Date for this form (mm/dd/yyyy)		6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **DUCOR TELEPHONE CO**

Signature of Authorized Officer or employee: **Eric Wolfe**  
Digitally signed by Eric Wolfe DN:cn=Eric Wolfe,email=egwolfe@ducortelco.com,O=ducor telephone co,l=Bakersfield CA 93384-2230, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **Eric Wolfe**

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

Telephone number of Authorized Officer or employee: **661-834-7700**

Study Area Code of Reporting Carrier

**542313**

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

**6/16/2014**

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

542318

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

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).				
Name of Reporting Carrier: Foresthill Telephone Co (dba Sebastian)				
Signature of authorized officer: 			Date	5/16/14
Printed name of authorized officer: Rhonda Armstrong				
Title or position of authorized officer: Vice President				
Telephone number of authorized officer: (530) 367-7780				
Study Area Code of Reporting Carrier	542318		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

542324

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

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

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

Name of Reporting Carrier				Kerman Telephone Co. (dba Sebastian)	
Signature of authorized officer				Date	5/16/14
Printed name of authorized officer		Rhonda Armstrong			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(559) 846-7861 ext.			
Study Area Code of Reporting Carrier	542324	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee:	<b>Kristann Mattes</b> Digitally signed by Kristann Mattes DN:cn=Kristann Mattes,email=kristism@ponderosatel.com,O=the ponderosa tel co,l=O'Neals CA 93645, Date:5/19/2014	Date: <b>5/19/2014</b>
----------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------

Printed name of Authorized Officer or employee: **Kristann Mattes**

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

Telephone number of Authorized Officer or employee: **559-868-6346**

Study Area Code of Reporting Carrier	<b>542332</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

542338

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

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

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

Name of Reporting Carrier: <b>Sierra Telephone Company, Inc.</b>			
Signature of authorized officer: <i>Cindy A. Huber</i>		Date: <i>May 8, 2014</i>	
Printed name of authorized officer: <b>Cindy A. Huber</b>			
Title or position of authorized officer: <b>Vice President Operations</b>			
Telephone number of authorized officer: (559) 683-4611 , ext.			
Study Area Code of Reporting Carrier	<b>542338</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>			

542339

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

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

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

Name of Reporting Carrier: <b>Siskiyou Telephone Company</b>			
Signature of authorized officer: <i>James T. Lowers</i>	Date:	05/14/2014	
Printed name of authorized officer: <b>James T. Lowers</b>			
Title or position of authorized officer: <b>President</b>			
Telephone number of authorized officer: <b>(530) 467-6171 ext</b>			
Study Area Code of Reporting Carrier:	<b>542339</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: VOLCANO TEL CO

Signature of Authorized Officer or employee: Earl Bishop

Digitally signed by Earl Bishop DN:cn=Earl Bishop,email=earlb@volcanotel.com,O=volcano tel co,l=Pine Grove CA 95665, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Earl Bishop

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

Telephone number of Authorized Officer or employee: 209-296-1447

Study Area Code of Reporting Carrier

542343

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: PINNACLES TEL CO

Signature of Authorized Officer or employee: Steven Bryan

Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co, Date:5/16/2014

Date: 5/16/2014

Printed name of Authorized Officer or employee: Steven Bryan

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 831-389-4500

Study Area Code of Reporting Carrier

542346

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **FILER MUTUAL TEL -NV**

Signature of Authorized Officer or employee: **Steve Cowger**  
Digitally signed by Steve Cowger DN:cn=Steve Cowger,email=stevec@filertel.com,O=filer mutual tel -nv,l=Filer ID 83328, Date:5/9/2014

Date: **5/9/2014**

Printed name of Authorized Officer or employee: **Steve Cowger**

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

Telephone number of Authorized Officer or employee: **208-326-4339**

Study Area Code of Reporting Carrier

**552220**

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

**6/16/2014**

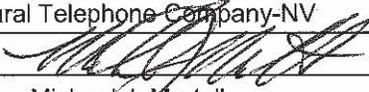
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

552233

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

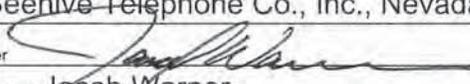
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier <b>Rural Telephone Company-NV</b>			
Signature of authorized officer 		Date	<b>05/19/2014</b>
Printed name of authorized officer <b>Michael J. Martell</b>			
Title or position of authorized officer <b>Vice-President</b>			
Telephone number of authorized officer: <b>(208) 366-2614</b>			
Study Area Code of Reporting Carrier	<b>552233</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

552284

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier <b>Beehive Telephone Co., Inc., Nevada</b>			
Signature of authorized officer 		Date	<b>05/19/2014</b>
Printed name of authorized officer <b>Jacob Warner</b>			
Title or position of authorized officer <b>President/General Manager</b>			
Telephone number of authorized officer: ( ) - , ext.			
Study Area Code of Reporting Carrier	<b>552284</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **CHURCHILL-CC COMM.**

Signature of Authorized Officer or employee: **Mark Feest**

Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@corp.ccomm.net,O=churhill-cc comm.,l=Fallon NV 89407, Date:5/16/2014

Date: **5/16/2014**

Printed name of Authorized Officer or employee: **Mark Feest**

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

Telephone number of Authorized Officer or employee: **775-423-7654**

Study Area Code of Reporting Carrier

**552349**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **LINCOLN CTY TEL SYS**

Signature of Authorized Officer or employee: **John Christian, III**  
Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln ctel sys,I=Plioche NV 89043, Date:5/13/2014

Date: **5/13/2014**

Printed name of Authorized Officer or employee: **John Christian, III**

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

Telephone number of Authorized Officer or employee: **775-962-5131**

Study Area Code of Reporting Carrier	<b>552351</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **MOAPA VALLEY TEL CO.**

Signature of Authorized Officer or employee: **John Lyon**  
Digitally signed by John Lyon DN:cn=John Lyon,email=john@mvtel.com,O=moapa valley tel co.,l=Overton NV 89040-0365, Date:5/14/2014

Date: **5/14/2014**

Printed name of Authorized Officer or employee: **John Lyon**

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

Telephone number of Authorized Officer or employee: **702-397-2225**

Study Area Code of Reporting Carrier

**552353**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: RIO VIRGIN TEL CO

Signature of Authorized Officer or employee: **Brooke Wheeler**  
Digitally signed by Brooke Wheeler DN:cn=Brooke Wheeler,email=Wheelerb@cuaccess.net,O=rio virgin tel co,l=Estacada OR 97023, Date:5/20/2014

Date: 5/20/2014

Printed name of Authorized Officer or employee: Brooke Wheeler

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 503-630-8952

Study Area Code of Reporting Carrier	552356		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Justin Perez**  
Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=humboldt tel co,l=Nampa ID 83653, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Justin Perez**

Title or position of Authorized Officer or employee: **Controller / Corporate Secretary**

Telephone number of Authorized Officer or employee: **208-461-7802**

Study Area Code of Reporting Carrier

**553304**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ADAK TEL UTILITY**

Signature of Authorized Officer or employee: **Andilea Weaver**  
Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak tel utility,l= , Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Andilea Weaver**

Title or position of Authorized Officer or employee: **Vice President/COO**

Telephone number of Authorized Officer or employee: **907-222-0844**

Study Area Code of Reporting Carrier

**610989**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: ARCTIC SLOPE TEL

Signature of Authorized Officer or employee: **Clover McNeil**  
Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer or employee: Clover McNeil

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 907-564-2680

Study Area Code of Reporting Carrier	613001		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Michael Garrett**  
Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=bettles tel co inc,l=Port Townsend WA 98368, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Michael Garrett**

Title or position of Authorized Officer or employee: **COO - Executive VP**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier	<b>613002</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: BRISTOL BAY TEL COOP

Signature of Authorized Officer or employee: **Todd Hoppe**  
Digitally signed by Todd Hoppe DN:cn=Todd Hoppe,email=manager@bristolbay.com,O=bristol bay tel coop,l=King Salmon AK 99613, Date:5/15/2014

Date: 5/15/2014

Printed name of Authorized Officer or employee: Todd Hoppe

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 907-246-3403

Study Area Code of Reporting Carrier

613003

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **BUSH-TEL INC.**

Signature of Authorized Officer or employee: **W. DeVore**  
Digitally signed by W. DeVore DN:cn=W. DeVore,email=doug.devore@mscon.com,O=bush-tel inc.,l=Aniak AK 99557-1009, Date:5/20/2014

Date: **5/20/2014**

Printed name of Authorized Officer or employee: **W. DeVore**

Title or position of Authorized Officer or employee: **VP/Assist. Gen. Mgr.**

Telephone number of Authorized Officer or employee: **907-675-4311**

Study Area Code of Reporting Carrier

**613004**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: CIRCLE TEL & ELEC

Signature of Authorized Officer or employee: **David Masephol**  
Digitally signed by David Masephol DN: cn=David Masephol, email=damasephol@gmail.com, O=circle tel & elec, I=Circle AK 99733, Date:5/7/2014

Date: 5/7/2014

Printed name of Authorized Officer or employee: David Masephol

Title or position of Authorized Officer or employee: Member Owner

Telephone number of Authorized Officer or employee: 907-773-5500

Study Area Code of Reporting Carrier

613005

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Pamla Murphy**

Digitally signed by Pamla Murphy DN:cn=Pamla Murphy,email=pmurphy@cvtc.org,O=copper valley tel,l=Valdez AK 99686, Date:5/8/2014

Date: **5/8/2014**

Printed name of Authorized Officer or employee: **Pamla Murphy**

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

Telephone number of Authorized Officer or employee: **907-835-2231**

Study Area Code of Reporting Carrier

**613006**

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

**6/16/2014**

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

613007

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

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

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

Name of Reporting Carrier <b>Cordova Telephone Cooperative, Inc.</b>			
Signature of authorized officer <i>Paul Kelly</i>	Date	<b>05/15/2014</b>	
Printed name of authorized officer <b>Paul Kelly</b>			
Title or position of authorized officer <b>General Manager/ CEO</b>			
Telephone number of authorized officer: <b>(904) 424-2345</b>			
Study Area Code of Reporting Carrier	<b>613007</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Brenda Shepard**  
Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=interior tel co inc,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Brenda Shepard**

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

Telephone number of Authorized Officer or employee: **907-563-2003**

Study Area Code of Reporting Carrier

**613011**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **KETCHIKAN PUBLIC UT**

Signature of Authorized Officer or employee: **Dan Lindgren**  
Digitally signed by Dan Lindgren DN:cn=Dan Lindgren,email=danl@city.ketchikan.ak.us,O=ketchikan public ut, Date:5/15/2014

Date: **5/15/2014**

Printed name of Authorized Officer or employee: **Dan Lindgren**

Title or position of Authorized Officer or employee: **Assistant KPU Telecommunications Manager**

Telephone number of Authorized Officer or employee: **907-228-5439**

Study Area Code of Reporting Carrier

**613013**

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

**6/16/2014**

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

613015

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).			
Name of Reporting Carrier: <b>Matanuska Tel Assoc</b>			
Signature of authorized officer: <i>Wanda Tankersley</i>		Date:	05/19/2014
Printed name of authorized officer: <b>Wanda Tankersley</b>			
Title or position of authorized officer: <b>Chief Financial Officer</b>			
Telephone number of authorized officer: <b>(907) 761-2654</b>			
Study Area Code of Reporting Carrier:	<b>613015</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
Persons willfully making false statements on this form can be punished by fine or tortolture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Brenda Shepard**  
Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=mukluk tel co inc,l= , Date:5/19/2014

Date: **5/19/2014**

Printed name of Authorized Officer or employee: **Brenda Shepard**

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

Telephone number of Authorized Officer or employee: **907-563-2003**

Study Area Code of Reporting Carrier

**613016**

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

**6/16/2014**

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: ALASKA TEL CO

Signature of Authorized Officer or employee: **Michael Garrett**  
Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=alaska tel co,l=Port Townsend WA 98368, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Michael Garrett

Title or position of Authorized Officer or employee: COO - Executive VP

Telephone number of Authorized Officer or employee: 360-385-1733

Study Area Code of Reporting Carrier	613017		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: NUSHAGAK ELEC & TEL

Signature of Authorized Officer or employee: Michael Megli

Digitally signed by Michael Megli DN:cn=Michael Megli,email=mmegli@nushagak.coop,O=nushagak elec & tel,l=Dillingham AK 99576, Date:5/12/2014

Date: 5/12/2014

Printed name of Authorized Officer or employee: Michael Megli

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 907-842-5251

Study Area Code of Reporting Carrier

613018

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: OTZ TEL COOPERATIVE

Signature of Authorized Officer or employee: **Doug Neal**  
Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kolzebue AK 99752, Date:5/13/2014

Date: 5/13/2014

Printed name of Authorized Officer or employee: Doug Neal

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 907-442-1000

Study Area Code of Reporting Carrier

613019

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

6/16/2014

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

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: YUKON TEL CO INC

Signature of Authorized Officer or employee: **Paula Eller**  
Digitally signed by Paula Eller DN:cn=Paula Eller,email=paula@yukontel.com,O=yukon tel co inc, Date:5/14/1420

Date: 5/20/2014

Printed name of Authorized Officer or employee: Paula Eller

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

Telephone number of Authorized Officer or employee: 907-745-5363

Study Area Code of Reporting Carrier	613025		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

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

Signature of Authorized Officer or employee: **Michael Garrett**  
Digitally signed by Michael Garrett DN:cn=Michael Garrett,email=mike.g@aptalaska.com,O=north country tel co,l=Port Townsend WA 98368, Date:5/12/2014

Date: **5/12/2014**

Printed name of Authorized Officer or employee: **Michael Garrett**

Title or position of Authorized Officer or employee: **COO - Executive VP**

Telephone number of Authorized Officer or employee: **360-385-1733**

Study Area Code of Reporting Carrier

**613026**

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

**6/16/2014**

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

613028

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

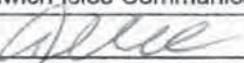
**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

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

Name of Reporting Carrier				The Summit Telephone & Telegraph Company of Alaska			
Signature of authorized officer			<i>Jamie Kline</i>		Date		05/16/14
Printed name of authorized officer				Jamie Kline			
Title or position of authorized officer				Secretary/Treasurer			
Telephone number of authorized officer:				(907) 389-1012			
Study Area Code of Reporting Carrier		613028		Filing Due Date for this form (mm/dd/yyyy)		6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							

623021

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).</p>			
Name of Reporting Carrier: Sandwich Isles Communications, Inc.			
Signature of authorized officer: 		Date:	5/19/14
Printed name of authorized officer: Janeen-Ann A. Olds			
Title or position of authorized officer: President			
Telephone number of authorized officer: (808) 524-8400 ext.			
Study Area Code of Reporting Carrier	623021	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **TELEGUAM HOLDINGS**

Signature of Authorized Officer or employee: **John Brady**

Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,l= , Date:5/7/2014

Date: **5/7/2014**

Printed name of Authorized Officer or employee: **John Brady**

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

Telephone number of Authorized Officer or employee: **671-644-0013**

Study Area Code of Reporting Carrier

**663800**

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

**6/16/2014**

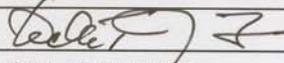
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

673900

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier				AMERICAN SAMOA TELECOMM. AUTHORITY	
Signature of authorized officer				Date	05/20/2014
Printed name of authorized officer		BILL EMMSLEY			
Title or position of authorized officer		CEO			
Telephone number of authorized officer:		(684) 699-1121 ext.			
Study Area Code of Reporting Carrier	673900	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

Fairpoint

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier **See Attached List**

Signature of authorized officer *Michael T Skivan* Date **5/15/14**

Printed name of authorized officer ~~Mike T. Skivan~~ **Michael T Skivan**

Title or position of authorized officer **Vice President, Regulatory**

Telephone number of authorized officer: **(207) 535-4150**

Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

## FairPoint Company Listing

Study Area	Company Name
150073	Berkshire Telephone Company NY
462192	Big Sandy Telecom, Inc.
150078	Chautauqua & Erie Tel. Corp.
431981	Chouteau Telephone Company
462204	Columbine Telecom Company
300604	Columbus Grove Telephone Company
100015	Community Service Telephone Company
341009	C-R Telephone Company
341004	El Paso Telephone Company
522412	Ellensburg Telephone Company
421472	FairPoint Communications Missouri, Inc.
300618	Germantown Independent Tel. Co.
210291	GTC, Inc. FL Florala
210329	GTC, Inc. FL Perry
210339	GTC, Inc. FL St Joe
170185	Marianna-Scenery Hill Tel. Co.
341065	Odin Telephone Exchange, Inc.
300649	Orwell Telephone Company
190244	Peoples Mutual Telephone Company, Inc.
411835	Sunflower Telephone Co/Bluestem Telephone Co.
461835	Sunflower Telephone Company, Inc.
150084	Taconic Telephone Corp.
170145	The Bentleyville Telephone Company
522453	YCOM Networks, Inc.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: C-R TEL CO

Signature of Authorized Officer or employee: **Michael Skrivan**  
Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=c-r tel co,l= , Date:11/9/2014

Date: 11/9/2014

Printed name of Authorized Officer or employee: Michael Skrivan

Title or position of Authorized Officer or employee: Vice-President Regulatory

Telephone number of Authorized Officer or employee: 207-535-4150

Study Area Code of Reporting Carrier	341009		Filing Due Date for this form (mm/dd/yyyy)	11/14/2014	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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

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

Name of Reporting Carrier: **ODIN TEL EXCH INC**

Signature of Authorized Officer or employee: **Michael Skrivan**  
Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=odin tel exch inc,l= , Date:11/9/2014

Date: **11/9/2014**

Printed name of Authorized Officer or employee: **Michael Skrivan**

Title or position of Authorized Officer or employee: **Vice-President Regulatory**

Telephone number of Authorized Officer or employee: **207-535-4150**

Study Area Code of Reporting Carrier	<b>341065</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>11/14/2014</b>	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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

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

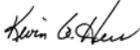
Name of Reporting Carrier		<b>See TDS Telecom ILEC Listing Below</b>		
Signature of Authorized Officer		Date 05/16/2014		
		<i>Kevin G. Hess</i>		
Printed name of Authorized Officer		Kevin G. Hess		
Title or position of Authorized Officer		Executive Vice President		
Telephone number or Authorized Officer.		(608)664-4160 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>	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.				

**See attachment 1 for listing of TDS Telecom**



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

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

Name of Reporting Carrier		<b>See TDS Telecom ILEC Listing Below</b>		
Signature of Authorized Officer			Date 09/17/2014	
Printed name of Authorized Officer		Kevin G. Hess		
Title or position of Authorized Officer		Executive Vice President		
Telephone number of Authorized Officer.		(608)664-4160 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>		Filing Due Date for this form (mm/dd/yyyy)	September 2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

**See attachment 2 for listing of TDS Telecom**

**ATTACHMENT 2**

230469-Barnardsville Telephone Co.  
330849-Black Earth Telephone Co.  
330851-Bonduel Telephone Co.  
330856-Burlington, Brighton & Wheatland Telephone Co.  
250284-Butler Telephone Co., Inc.  
280448-Calhoun City Telephone Co., Inc.  
310685-Chatham Telephone Co.  
310672-Comm. Corp. of Michigan  
330914-Eastcoast Telecom, Inc.  
290566-Humphreys County Telephone Co.  
310677-Island (MI) Telephone Co.  
260411-Leslie County Telephone Co.  
260412-Lewisport Telephone Co.  
240533-McClellanville Telephone Co.  
330909-Midway Telephone Co.  
330915-Mosinee Telephone Co.  
287449-Myrtle  
240535-Norway Telephone Co.  
250311-Oakman Telephone Co., Inc.  
250314-Peoples Telephone Co.  
330943-Riverside Telecom, Inc.  
260417-Salem Telephone Co., Inc.  
230498-Saluda Mountain Tel. Co.  
330945-Scandinavia Telephone Co.  
230500-Service Telephone Co., Inc.  
310726-Shiawassee Telephone Co.  
330952-Southeast Wisconsin Tel. Co.  
240544-St. Stephen Telephone Co.  
330958-Tenney Telephone Co.  
330955-The State Long Distance Telephone Co.  
330968-Waunakee Telephone Co.  
240551-Williston Telephone Co.  
310738-Wolverine Telephone Co.

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

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

Name of Reporting Carrier		<b>See TDS Telecom ILEC Listing Below</b>		
Signature of Authorized Officer		Date 11/05/2014		
		<i>Kevin G. Hess</i>		
Printed name of Authorized Officer		Kevin G. Hess		
Title or position of Authorized Officer		Executive Vice President		
Telephone number or Authorized Officer.		(608)664-4160 ext. _ _ _ _		
Study Area Code of Reporting Carrier	<b>See TDS TELECOM ILEC Listing Below</b>	Filing Due Date for this form (mm/dd/yyyy)	November 2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

250311-Oakman Telephone Co., Inc.