

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>FARMERS MUTUAL TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Daniel Greig</b></p>				<p>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</p>	
<p>Date: <b>5/14/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Daniel Greig</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-452-3100</b></p>					
Study Area Code of Reporting Carrier	<b>472221</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Name of Reporting Carrier: <b>Fremont Telcom</b>					
Signature of Authorized Officer or employee: <b>Theodore Otis</b> <small>Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=fremont telcom,lc= , Date:5/14/2014</small>				Date: <b>5/14/2014</b>	
Printed name of Authorized Officer or employee: <b>Theodore Otis</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>406-541-5228</b>					
Study Area Code of Reporting Carrier	<b>472222</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Fremont Telcom**

Signature of authorized officer

*Theodore P. Otis*

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**, ext.

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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<p>Name of Reporting Carrier: MIDVALE TEL EXCH INC</p>					
<p>Signature of Authorized Officer or employee: John Stuart</p>				<p>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</p>	
<p>Date: 5/19/2014</p>					
<p>Printed name of Authorized Officer or employee: John Stuart</p>					
<p>Title or position of Authorized Officer or employee: CEO</p>					
<p>Telephone number of Authorized Officer or employee: 208-355-2211</p>					
Study Area Code of Reporting Carrier	472226		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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MUD LAKE TELEPHONE

Ron's Tire Factory

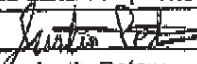
Fax: 1-208-663-4989

May 19 2014 03:35pm

P002/004

472227

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery 551.917(d) and Access Recovery Charge 551.917(e) and is eligible to receive the CAF/ICC support requested pursuant to 551.917(f).			
Name of Reporting Carrier	Mud Lake Telephone Cooperative Association, Inc.		
Signature of authorized officer		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 Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

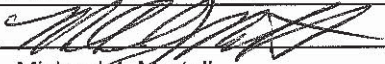
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: PROJECT MUTUAL TEL					
Signature of Authorized Officer or employee: Rick Harder <div> <small>Digitally signed by Rick Harder DN:cn=Rick Harder,email=rharder@pmt.coop,O=project mutual tel, Date:5/16/2014</small> </div>				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	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: <b>DIRECT COMM-ROCKLAND</b></p>					
<p>Signature of Authorized Officer or employee: <b>Leonard May</b></p>				<p>Digitally signed by Leonard May DN:cn=Leonard May,email=leonard@directcom.com,O=direct comm-rockland, =Rockland ID 83271, Date:5/9/2014</p>	
<p>Date: <b>5/9/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Leonard May</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-548-2345</b></p>					
Study Area Code of Reporting Carrier	<b>472232</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>					

472233

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

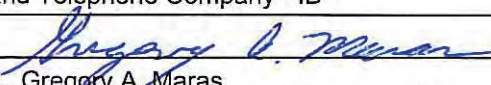
<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Rural Telephone Company- ID</b>			
Signature of authorized officer 		Date	<b>05/19/14</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> ext.			
Study Area Code of Reporting Carrier	<b>472233</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

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<p>Name of Reporting Carrier: <b>SILVER STAR TEL- ID</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jefferson England</b></p>				<p>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</p>	
<p>Date: <b>5/12/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jefferson England</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>307-883-6675</b></p>					
Study Area Code of Reporting Carrier	<b>472295</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>					

472423

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Name of Reporting Carrier Inland Telephone Company - ID				
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 ext.				
Study Area Code of Reporting Carrier	472423		Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

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<p>Name of Reporting Carrier: <b>BLACKFOOT TEL - BTC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Theodore Otis</b></p>				<p>Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=blackfoot tel - btc,lc= , Date:5/14/2014</p>	
<p>Date: <b>5/14/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Theodore Otis</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-541-5228</b></p>					
Study Area Code of Reporting Carrier	<b>482235</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

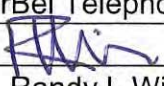
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<p>Name of Reporting Carrier: <b>HOT SPRINGS TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kathe Johnson</b></p>				<p>Digitally signed by Kathe Johnson DN:cn=Kathe Johnson,email=kathe_ann@yahoo.com,O=hot springs tel co,l=Missoula MT 59808, Date:5/15/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kathe Johnson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-721-0846</b></p>					
Study Area Code of Reporting Carrier	<b>482241</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
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482242

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

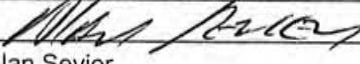
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Name of Reporting Carrier InterBel Telephone Cooperative, Inc.				
Signature of authorized officer 			Date	05/12/14
Printed name of authorized officer Randy L Wison				
Title or position of authorized officer CEO General Manager				
Telephone number of authorized officer: (406) 889-3311				
Study Area Code of Reporting Carrier	482242	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014	
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<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN TEL CO INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Ken Lumpkin</span></p>				<p>Digitally signed by Ken Lumpkin DN:cn=Ken Lumpkin,email=lrc@lincel.net,O=lincoln tel co inc,lc= , Date:5/15/2014</p>	
<p>Date: <span style="color: blue;">5/15/2014</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ken Lumpkin</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager / Secretary / Treasurer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-362-4216</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482244</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

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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<p>Name of Reporting Carrier: <span style="color: blue;">NEMONT TEL COOP-MT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Remi Sun</span></p>				<p><small>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</small></p>	
<p>Date: <span style="color: blue;">5/19/2014</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Remi Sun</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">406-783-2358</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482247</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
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<p>Name of Reporting Carrier: <b>NORTHERN TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Rick Neva</b></p>				<p>Digitally signed by Rick Neva DN:cn=Rick Neva,email=rneva@northermtel.net,O=northern tel coop,l=Sunburst MT 59482-0190, Date:5/20/2014</p>	
<p>Date: <b>5/20/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Rick Neva</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-937-2114</b></p>					
Study Area Code of Reporting Carrier	<b>482248</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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<p>Name of Reporting Carrier: <b>PROJECT TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Remi Sun</b></p>				<p>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</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Remi Sun</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-783-2358</b></p>					
Study Area Code of Reporting Carrier	<b>482250</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>RANGE TEL COOP-MT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Erick Steinman</b></p>				<p>Digitally signed by Eric= Steinman DN:cn, Eric= Steinman@mail, eric=k rangetel.coop@, range tel coop-mt@ @ate:5/14/1420</p>	
<p>Date: <b>5/20/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Erick Steinman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-347-2226</b></p>					
Study Area Code of Reporting Carrier	<b>482251</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: SOUTHERN MONTANA TEL</p>					
<p>Signature of Authorized Officer or employee: Larry Mason</p>				<p>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</p>	
<p>Date: 5/19/2014</p>					
<p>Printed name of Authorized Officer or employee: Larry Mason</p>					
<p>Title or position of Authorized Officer or employee: Vice President/General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 406-689-3333</p>					
Study Area Code of Reporting Carrier	482254		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: 3-RIVERS TEL COOP					
Signature of Authorized Officer or employee: <b>Bradley Veis</b> <small>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</small>				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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: TRIANGLE TEL COOP</p>					
<p>Signature of Authorized Officer or employee: Richard Stevens</p>				<p>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</p>	
<p>Date: 5/14/2014</p>					
<p>Printed name of Authorized Officer or employee: Richard Stevens</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 406-394-2000</p>					
Study Area Code of Reporting Carrier	482257		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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">0BLACKFOOTBEAKO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Theodore Otis</span></p>				<p><small>Digitally signed by Theodore Otis DN:cn=Theodore Otis,email=totis@blackfoot.com,O=blackfoot tel - cft,l= , Date:5/14/2014</small></p>	
<p>Date: <span style="color: blue;">5/14/2014</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Theodore F ti</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">AKF</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">435/ 118</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">482238</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">5/14/2014</span>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CENTRAL MONTANA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Richard Stevens</b></p>				<p>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</p>	
<p>Date: <b>5/14/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Richard Stevens</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-394-2000</b></p>					
Study Area Code of Reporting Carrier	<b>483310</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>MESCALERO APACHE</b>					
Signature of Authorized Officer or employee: <b>Godfrey Enjady</b>				<small>Digitally signed by Godfrey Enjady DN:cn=Godfrey Enjady,email=genjady@matinetworks.net,O=mescalero apache,I=Mescalero NM 88340, Date:5/20/2014</small>	
Date: <b>5/20/2014</b>					
Printed name of Authorized Officer or employee: <b>Godfrey Enjady</b>					
Title or position of Authorized Officer or employee: <b>General Manager</b>					
Telephone number of Authorized Officer or employee: <b>505-795-5555</b>					
Study Area Code of Reporting Carrier	<b>491231</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DELL TEL CO-OP - NM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Marcy Guillen</b></p>				<p>Digitally signed by Marcy Guillen DN:cn=Marcy Guillen,email=mguillen@delcity.com,O=del tel co-op - nm,l= , Date:5/12/2014</p>	
<p>Date: <b>5/12/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Marcy Guillen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Office Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>915-964-2352</b></p>					
Study Area Code of Reporting Carrier	<b>492066</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: VALLEY TEL COOP - NM</p>					
<p>Signature of Authorized Officer or employee: Steven Metts</p>				<p>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</p>	
<p>Date: 5/15/2014</p>					
<p>Printed name of Authorized Officer or employee: Steven Metts</p>					
<p>Title or position of Authorized Officer or employee: CEO / General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 520-384-2231</p>					
Study Area Code of Reporting Carrier	492176		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BACA VALLEY TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Peggy Briesh</b></p>				<p>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</p>	
<p>Date: <b>5/9/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Peggy Briesh</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>575-278-2101</b></p>					
Study Area Code of Reporting Carrier	<b>492259</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>					



492262

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>ENMR Telephone Cooperative NM</b>			
Signature of authorized officer 		Date	<b>3-19-2014</b>
Printed name of authorized officer <b>David J. Robinson</b>			
Title or position of authorized officer <b>Chief Financial Officer</b>			
Telephone number of authorized officer: <b>(575) 389-5100</b> , ext.			
Study Area Code of Reporting Carrier	<b>492262</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>			

492263

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
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 ext.		
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LEACO RURAL TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Dale Snider</span></p>				<p><small>Digitally signed by Dale Snider DN: cn=Dale Snider, email=dsnider@leaco.org, O=leaco rural tel coop, I= , Date: 5/14/2014</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Dale Snider</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">575-433-4301</span></p>					
Study Area Code of Reporting Carrier	492264		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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <u>Tularosa Basin Tel.</u></p>					
<p>Signature of Authorized Officer or employee: <u>Joshua Beug</u></p>				<p>Digitally signed by Joshua Beug DN:cn=Joshua Beug,email=jbeug@tbt.net,O=tularosa basin tel.,l= , Date:5/9/2014</p>	
<p>Date: <u>5/9/2014</u></p>					
<p>Printed name of Authorized Officer or employee: <u>Joshua Beug</u></p>					
<p>Title or position of Authorized Officer or employee: <u>General Manager</u></p>					
<p>Telephone number of Authorized Officer or employee: <u>575-585-0125</u></p>					
Study Area Code of Reporting Carrier	<u>492265</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>6/16/2014</u>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WESTERN NEW MEXICO</b></p>					
<p>Signature of Authorized Officer or employee: <b>John Francis</b></p>				<p>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</p>	
<p>Date: <b>5/20/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>John Francis</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Exec. Vice President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>575-535-2230</b></p>					
Study Area Code of Reporting Carrier	<b>492268</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PENASCO VALLEY TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kevin Bartley</b></p>				<p>Digitally signed by Kevin Bartley DN:cn=Kevin Bartley,email=kbartley@pvt.com,O=penasco valley tel, Date: 5/14/2014</p>	
<p>Date: <b>5/14/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kevin Bartley</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>575-748-1241</b></p>					
Study Area Code of Reporting Carrier	<b>492270</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ROOSEVELT CNTY RURAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Cecile Archibeque</b></p>				<p>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</p>	
<p>Date: <b>5/13/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Cecile Archibeque</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/EO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>575-226-2255</b></p>					
Study Area Code of Reporting Carrier	<b>492272</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>DIRECTCOMM-CEDAR VAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kip Wilson</b></p>				<p>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</p>	
<p>Date: <b>5/9/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kip Wilson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-548-2345</b></p>					
Study Area Code of Reporting Carrier	<b>500758</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CENTRAL UTAH TEL INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike Plows</b></p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=central utah tel inc,lc=, Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mike Plows</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>425-275-1013</b></p>					
Study Area Code of Reporting Carrier	<b>502277</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>GUNNISON TEL CO</b>					
Signature of Authorized Officer or employee: <b>Natalie Gleave</b> <small>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</small>				Date: <b>5/12/2014</b>	
Printed name of Authorized Officer or employee: <b>Natalie Gleave</b>					
Title or position of Authorized Officer or employee: <b>Controller/Director</b>					
Telephone number of Authorized Officer or employee: <b>435-528-7236</b>					
Study Area Code of Reporting Carrier	<b>502279</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: MANTI TEL CO					
Signature of Authorized Officer or employee: Dallas Cox <div> <small>Digitally signed by Dallas Cox DN:cn=Dallas Cox,email=dallasc@mail.manti.com,O=manti tel co,lc= , Date:5/20/2014</small> </div>				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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SKYLINE TELECOM</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike Plows</b></p>				<p>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=skyline telecom,l= , Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mike Plows</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>425-275-1013</b></p>					
Study Area Code of Reporting Carrier	<b>502283</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BEEHIVE TEL CO - UT</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Jacob Warner</span></p>				<p><small>Digitally signed by Jacob Warner DN:cn=Jacob Warner,email=jakew@beehive.net,O=beehive tel co - ut,lc=US, Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Jacob Warner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">435-837-6000</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">502284</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

502286

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				South Central Utah Telephone Assn, Inc.	
Signature of authorized officer			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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>UBTA-UBET/STRATA</b></p>					
<p>Signature of Authorized Officer or employee: <b>Karl Searle</b></p>				<p>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</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Karl Searle</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>435-622-5472</b></p>					
Study Area Code of Reporting Carrier	<b>502287</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: ALL WEST COMM-UT</p>					
<p>Signature of Authorized Officer or employee: Jenny Prescott</p>				<p>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</p>	
<p>Date: 5/19/2014</p>					
<p>Printed name of Authorized Officer or employee: Jenny Prescott</p>					
<p>Title or position of Authorized Officer or employee: VP Customer Service &amp; Finance</p>					
<p>Telephone number of Authorized Officer or employee: 435-783-4913</p>					
Study Area Code of Reporting Carrier	502288		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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BEAR LAKE COMM</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mike Plows</span></p>				<p><small>Digitally signed by Mike Plows DN:cn=Mike Plows,email=mplows@frontier.com,O=bear lake comm,l= , Date:5/19/2014</small></p> <p>Date: <span style="color: blue;">5/19/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mike Plows</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">425-275-1013</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">503032</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>RANGE TEL COOP - WY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Erick Steinman</b></p>				<p>Digitally signed by Erick Steinman DN:cn=Erick Steinman,email=erick@rangetel.coop,O=range tel coop - wy,l= , Date:5/20/2014</p>	
<p>Date: <b>5/20/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Erick Steinman</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>406-347-2226</b></p>					
Study Area Code of Reporting Carrier	<b>512251</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHUGWATER TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Greg Cashner</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Greg Cashner</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">307-422-3535</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">512289</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ALL WEST COMM.-WY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jenny Prescott</b></p>				<p>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</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jenny Prescott</b></p>					
<p>Title or position of Authorized Officer or employee: <b>VP Customer Service &amp; Finance</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>435-783-4913</b></p>					
Study Area Code of Reporting Carrier	<b>512290</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>					

512291

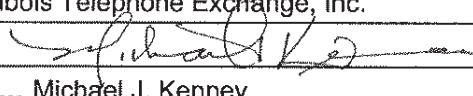
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier **Dubois Telephone Exchange, Inc.**

Signature of authorized officer



Date

**5/13/14**

Printed name of authorized officer

**Michael J. Kenney**

Title or position of authorized officer

**Vice President/General Manager**Telephone number of authorized officer: **(307) 455-2341**, ext.

Study Area Code of Reporting Carrier

**512291**Filing Due Date for this form  
(mm/dd/yyyy)**6/16/2014**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SILVER STAR TEL-WY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jefferson England</b></p>				<p>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</p>	
<p>Date: <b>5/12/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jefferson England</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>307-883-6675</b></p>					
Study Area Code of Reporting Carrier	<b>512295</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">WESTGATE dba WEAVTEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Richard Weaver</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Richard Weaver</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">509-682-5556</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">520580</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

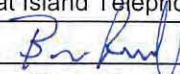


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SKYLINE TELECOM CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Delinda Kluser</b></p>				<p>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</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Delinda Kluser</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice President, Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-932-4411</b></p>					
Study Area Code of Reporting Carrier	<b>520581</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>					


522417

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
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	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

522418

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Pend Oreille Telephone Company</b>			
Signature of authorized officer 		Date	<b>05/19/14</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 ext.</b>			
Study Area Code of Reporting Carrier	<b>522418</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

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 ext.					
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Inland Telephone Company - WA</b>			
Signature of authorized officer <i>Gregory A. Maras</i>		Date <b>May 20, 2014</b>	
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> , ext.			
Study Area Code of Reporting Carrier <b>522423</b>		Filing Due Date for this form (mm/dd/yyyy) <b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
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> , ext.			
Study Area Code of Reporting Carrier	<b>522423</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>November 2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">KALAMA TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Rick Vitzthum</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/9/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Vitzthum</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-264-3155</span></p>					
Study Area Code of Reporting Carrier	<span style="color: blue;">522426</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2014</span>	
<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>					

522431

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

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

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					
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 Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <b>Pioneer Telephone Company</b>			
Signature of authorized officer 		Date	<b>5/8/2014</b>
Printed name of authorized officer <b>Dallas Filan</b>			
Title or position of authorized officer <b>General Manager</b>			
Telephone number of authorized officer: <b>(509) 549-3511</b> , ext.			
Study Area Code of Reporting Carrier	<b>522437</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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ST JOHN TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Gregory Morasch</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/7/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Gregory Morasch</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">509-648-3322</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522442</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TENINO TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Rick Vitzthum</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/9/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Rick Vitzthum</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Financial Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-264-3155</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">522446</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TOLEDO TELEPHONE CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Philip Cappalonga</b></p>				<p>Digitally signed by Philip Cappalonga DN:cn=Philip Cappalonga,email=phil@toledotel.com,O=toledo telephone co,l= , Date:5/15/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Philip Cappalonga</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Financial Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-864-2004</b></p>					
Study Area Code of Reporting Carrier	<b>522447</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>					

522451

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

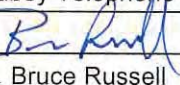
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				WESTERN WAHIAKUM 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 Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
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				
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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BEAVER CREEK COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Hauer</b></p>				<p>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</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Hauer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-632-6314</b></p>					
Study Area Code of Reporting Carrier	<b>532359</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CANBY TEL ASSN</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paul Hauer</b></p>				<p>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</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Paul Hauer</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO/President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-632-6314</b></p>					
Study Area Code of Reporting Carrier	<b>532362</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>CLEAR CREEK MUTUAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mitchell Moore</b></p>				<p>Digitally signed by Mitchell Moore DN:cn=Mitchell Moore,email=mmoore@clearcreek.coop,O=clear creek mutual,j= , Date:5/7/2014</p>	
<p>Date: <b>5/7/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mitchell Moore</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-631-2101</b></p>					
Study Area Code of Reporting Carrier	<b>532363</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: COLTON TEL CO					
Signature of Authorized Officer or employee: Steve Krogue <small>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</small>				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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>EAGLE TEL SYSTEMS</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike Lattin</b></p>				<p>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</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mike Lattin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-893-6111</b></p>					
Study Area Code of Reporting Carrier	<b>532369</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CASCADE UTIL INC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Brooke Wheeler</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/20/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Brooke Wheeler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-630-8952</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532371</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

532373

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

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

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**


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 Eligibility for CAF/ICC Recovery					
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support required pursuant to §51.917(f).					
Name of Reporting Carrier <b>ROOME TELECOMMUNICATIONS INC</b>					
Signature of authorized officer 				Date	<b>5-7-14</b>
Printed name of authorized officer <b>RANDAL L ROOME</b>					
Title or position of authorized officer <b>PRESIDENT</b>					
Telephone number of authorized officer: <b>(541) 369-2211</b> , ext.					
Study Area Code of Reporting Carrier		<b>532375</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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HELIX TEL CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>James Smith</b></p>				<p>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</p>	
<p>Date: <b>5/9/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>James Smith</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-457-2385</b></p>					
Study Area Code of Reporting Carrier	<b>532376</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: TRANS-CASCADES TEL					
Signature of Authorized Officer or employee: Brooke Wheeler				<small>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</small> 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	532378		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>					




532383

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <b>Molalla Communications</b>				
Signature of authorized officer 			Date	5-19-14
Printed name of authorized officer <b>Steve Loutzenhiser</b>				
Title or position of authorized officer <b>President/CEO</b>				
Telephone number of authorized officer: <b>(503) 829-1123</b>				
Study Area Code of Reporting Carrier	<b>532383</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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MONITOR COOP TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Geri Fraijo</span></p>				<p>Digitally signed by Geri Fraijo DN:cn=Geri Fraijo,email=gerif@monitorcoop.net,O=monitor coop tel,lc=US, Date: 5/14/2014</p>	
<p>Date: <span style="color: blue;">5/14/2014</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Geri Fraijo</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-634-2266</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532384</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MONROE TELEPHONE CO.</b></p>					
<p>Signature of Authorized Officer or employee: <b>Donna Dillard</b></p>				<p>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</p>	
<p>Date: <b>5/8/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Donna Dillard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary - Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-847-5135</b></p>					
Study Area Code of Reporting Carrier	<b>532385</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MT. ANGEL TEL CO.</p>					
<p>Signature of Authorized Officer or employee: Paul Hauer</p>				<p>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</p>	
<p>Date: 5/19/2014</p>					
<p>Printed name of Authorized Officer or employee: Paul Hauer</p>					
<p>Title or position of Authorized Officer or employee: CEO/President</p>					
<p>Telephone number of Authorized Officer or employee: 503-632-6314</p>					
Study Area Code of Reporting Carrier	532386		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>					

532387

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Nehalem Telecommunications Inc.</b>			
Signature of authorized officer 		Date	<b>05/19/14</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 ext.</b>			
Study Area Code of Reporting Carrier	<b>532387</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: NORTH STATE TEL CO.					
Signature of Authorized Officer or employee: Delinda Kluser <small>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</small>				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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: OREGON TEL CORP</p>					
<p>Signature of Authorized Officer or employee: Delinda Kluser</p>				<p>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</p>	
<p>Date: 5/15/2014</p>					
<p>Printed name of Authorized Officer or employee: Delinda Kluser</p>					
<p>Title or position of Authorized Officer or employee: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-932-4411</p>					
Study Area Code of Reporting Carrier	532389		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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">OREGON-IDAHO UTIL.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Justin Perez</span></p>				<p><small>Digitally signed by Justin Perez DN:cn=Justin Perez,email=justin.perez@oiutelecom.net,O=oregon-idaho util.,l=Nampa ID 83653, Date:5/8/2014</small></p> <p>Date: <span style="color: blue;">5/8/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Justin Perez</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Controller / Corporate Secretary</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-461-7802</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532390</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PEOPLES TEL CO. - OR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Don Lawrence</b></p>				<p>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</p>	
<p>Date: <b>5/20/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Don Lawrence</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-769-9057</b></p>					
Study Area Code of Reporting Carrier	<b>532391</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINE TEL SYSTEM INC.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Ron Milford</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Ron Milford</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">541-742-2201</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532392</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PIONEER TEL COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Whalen</b></p>				<p>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</p>	
<p>Date: <b>5/8/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Michael Whalen</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>541-929-8256</b></p>					
Study Area Code of Reporting Carrier	<b>532393</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ST PAUL COOP ASSN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Nick Schneider</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Nick Schneider</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-633-2111</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532396</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">SCIO MUTUAL TEL ASSN</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Thomas Barth</span></p>				<p><small>Digitally signed by Thomas Barth DN:cn=Thomas Barth,email=tbarth@smt-net.com,O=scio mutual tel assn,/= , Date:5/7/2014</small></p> <p>Date: <span style="color: blue;">5/7/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Thomas Barth</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CEO/General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">503-394-3366</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">532397</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

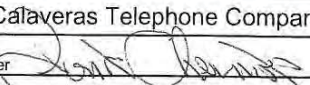
Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>STAYTON COOP TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Don Lawrence</b></p>				<p>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</p>	
<p>Date: <b>5/20/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Don Lawrence</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-769-9057</b></p>					
Study Area Code of Reporting Carrier	<b>532399</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: OREGON TEL CORP-MTE</p>					
<p>Signature of Authorized Officer or employee: Delinda Kluser</p>				<p>Digitally signed by Delinda Kluser DN:cn=Delinda Kluser,email=dkluser@ortelco.net,O=oregon tel corp-mte,j=Mt. Vernon OR 97865-0609, Date:5/15/2014</p>	
<p>Date: 5/15/2014</p>					
<p>Printed name of Authorized Officer or employee: Delinda Kluser</p>					
<p>Title or position of Authorized Officer or employee: Vice President, Manager</p>					
<p>Telephone number of Authorized Officer or employee: 541-932-4411</p>					
Study Area Code of Reporting Carrier	533336		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>					

542301

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
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> , ext.			
Study Area Code of Reporting Carrier	<b>542301</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.			

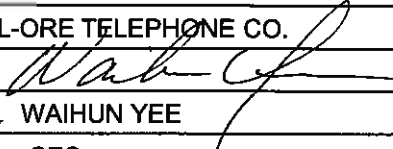


542311

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

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).


Name of Reporting Carrier <b>CAL-ORE TELEPHONE CO.</b>			
Signature of authorized officer 		Date <b>05/16/14</b>	
Printed name of authorized officer <b>WAIHUN YEE</b>			
Title or position of authorized officer <b>CFO</b>			
Telephone number of authorized officer: <b>(530) 397-2211</b>			
Study Area Code of Reporting Carrier	<b>542311</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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">DUCOR TELEPHONE CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Eric Wolfe</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Eric Wolfe</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Executive Vice President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">661-834-7700</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542313</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

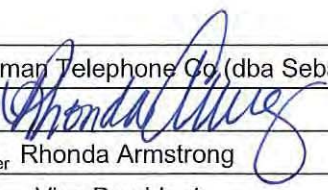
542318

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
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 ext.				
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 Eligibility for CAF/ICC Recovery				
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).				
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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>THE PONDEROSA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kristann Mattes</b></p>				<p>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</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kristann Mattes</b></p>					
<p>Title or position of Authorized Officer or employee: <b>President</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>559-868-6346</b></p>					
Study Area Code of Reporting Carrier	<b>542332</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

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

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier: Sierra Telephone Company, Inc.			
Signature of authorized officer: <i>Cindy A. Huber</i>		Date:	<i>May 8, 2014</i>
Printed name of authorized officer: Cindy A. Huber			
Title or position of authorized officer: Vice President Operations			
Telephone number of authorized officer: (559) 683-4611, ext.			
Study Area Code of Reporting Carrier	542338	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

542339

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier Siskiyou Telephone Company			
Signature of authorized officer <i>James T. Lowers</i>		Date	05/14/2014
Printed name of authorized officer James T. Lowers			
Title or position of authorized officer President			
Telephone number of authorized officer: (530) 467-6171 ext.			
Study Area Code of Reporting Carrier	542339	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: VOLCANO TEL CO</p>					
<p>Signature of Authorized Officer or employee: Earl Bishop</p>				<p>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</p>	
<p>Date: 5/15/2014</p>					
<p>Printed name of Authorized Officer or employee: Earl Bishop</p>					
<p>Title or position of Authorized Officer or employee: Chief Financial Officer</p>					
<p>Telephone number of Authorized Officer or employee: 209-296-1447</p>					
Study Area Code of Reporting Carrier	542343		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


<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">PINNACLES TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Steven Bryan</span></p>				<p><small>Digitally signed by Steven Bryan DN:cn=Steven Bryan,email=pinntel@garlic.com,O=pinnacles tel co,l= , Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steven Bryan</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">831-389-4500</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">542346</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">FILER MUTUAL TEL -NV</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Steve Cowger</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/9/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Steve Cowger</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">208-326-4339</span></p>					
Study Area Code of Reporting Carrier	552220		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>					

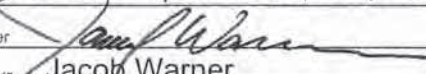
552233

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Rural Telephone Company- NV</b>			
Signature of authorized officer 		Date	<b>05/19/14</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 ext.</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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier	Beehive Telephone Co., Inc., Nevada		
Signature of authorized officer		Date	05/19/2014
Printed name of authorized officer	Jacob Warner		
Title or position of authorized officer	President/General Manager		
Telephone number of authorized officer: ( ) - , ext.			
Study Area Code of Reporting Carrier	552284	Filing Due Date for this form (mm/dd/yyyy)	6/16/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CHURCHILL-CC COMM.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Mark Feest</span></p>				<p><small>Digitally signed by Mark Feest DN:cn=Mark Feest,email=mark.feest@corp.ccomm.net,O=churchill-cc comm.,l=Fallon NV 89407, Date:5/16/2014</small></p> <p>Date: <span style="color: blue;">5/16/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Mark Feest</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">775-423-7654</span></p>					
Study Area Code of Reporting Carrier	<span style="color: blue;">552349</span>		Filing Due Date for this form (mm/dd/yyyy)	<span style="color: blue;">6/16/2014</span>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">LINCOLN CTY TEL SYS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">John Christian, III</span></p>				<p><small>Digitally signed by John Christian, III DN:cn=John Christian, III,email=sixgun@lcturbonet.com,O=lincoln cty tel sys,l=Plöche NV 89043, Date:5/13/2014</small></p> <p>Date: <span style="color: blue;">5/13/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Christian, III</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">775-962-5131</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552351</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">MOAPA VALLEY TEL CO.</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Lyon</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/14/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Lyon</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">President</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">702-397-2225</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">552353</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>RIO VIRGIN TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brooke Wheeler</b></p>				<p>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</p>	
<p>Date: <b>5/20/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brooke Wheeler</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>503-630-8952</b></p>					
Study Area Code of Reporting Carrier	<b>552356</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HUMBOLDT TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Justin Perez</b></p>				<p>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</p>	
<p>Date: <b>5/8/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Justin Perez</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Controller / Corporate Secretary</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>208-461-7802</b></p>					
Study Area Code of Reporting Carrier	<b>553304</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier:      <b>ADAK TEL UTILITY</b></p>					
<p>Signature of Authorized Officer or employee:      <b>Andilea Weaver</b></p>				<p><small>Digitally signed by Andilea Weaver DN:cn=Andilea Weaver,email=aweaver@adaktu.net,O=adak tel utility,l= , Date:5/15/2014</small></p> <p>Date:      <b>5/15/2014</b></p>	
<p>Printed name of Authorized Officer or employee:      <b>Andilea Weaver</b></p>					
<p>Title or position of Authorized Officer or employee:      <b>Vice President/COO</b></p>					
<p>Telephone number of Authorized Officer or employee:      <b>907-222-0844</b></p>					
Study Area Code of Reporting Carrier	<b>610989</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: ARCTIC SLOPE TEL					
Signature of Authorized Officer or employee: Clover McNeil				<small>Digitally signed by Clover McNeil DN:cn=Clover McNeil,email=clover@astac.net,O=arctic slope tel,l= , Date:5/7/2014</small> 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	
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>BETTLES TEL CO INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Garrett</b></p>				<p>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</p>	
<p>Date: <b>5/12/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Michael Garrett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>COO - Executive VP</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>360-385-1733</b></p>					
Study Area Code of Reporting Carrier	<b>613002</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">BRISTOL BAY TEL COOP</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Todd Hoppe</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/15/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Todd Hoppe</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-246-3403</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613003</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: BUSH-TEL INC.					
Signature of Authorized Officer or employee: W. DeVore <div> <small>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</small> </div>				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	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">CIRCLE TEL &amp; ELEC</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">David Masephol</span></p>				<p><small>Digitally signed by David Masephol DN: cn=David Masephol, email=damasephol@gmail.com, O=Circle tel &amp; elec, l=Circle AK 99733, Date: 5/7/2014</small></p> <p>Date: <span style="color: blue;">5/7/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">David Masephol</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Member Owner</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-773-5500</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613005</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: <b>COPPER VALLEY TEL</b>					
Signature of Authorized Officer or employee: <b>Pamla Murphy</b>				<small>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</small> Date: <b>5/8/2014</b>	
Printed name of Authorized Officer or employee: <b>Pamla Murphy</b>					
Title or position of Authorized Officer or employee: <b>CFO</b>					
Telephone number of Authorized Officer or employee: <b>907-835-2231</b>					
Study Area Code of Reporting Carrier	<b>613006</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>					



613007

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
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>(907) 424-2345</b> ext.			
Study Area Code of Reporting Carrier <b>613007</b>		Filing Due Date for this form (mm/dd/yyyy) <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>			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>INTERIOR TEL CO INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brenda Shepard</b></p>				<p>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=interior tel co inc,l= , Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brenda Shepard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-563-2003</b></p>					
Study Area Code of Reporting Carrier	<b>613011</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>KETCHIKAN PUBLIC UT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dan Lindgren</b></p>				<p>Digitally signed by Dan Lindgren DN:cn=Dan Lindgren,email=danl@city.ketchikan.ak.us,O=ketchikan public ut, Date: 5/15/2014</p>	
<p>Date: <b>5/15/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dan Lindgren</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Assistant KPU Telecommunications Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-228-5439</b></p>					
Study Area Code of Reporting Carrier	<b>613013</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>					

613015

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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>Matanuska Tel Assoc</b>			
Signature of authorized officer <i>Wanda Tankersley</i>		Date	<b>05/19/2014</b>
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>
<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 Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>MUKLUK TEL CO INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Brenda Shepard</b></p>				<p>Digitally signed by Brenda Shepard DN:cn=Brenda Shepard,email=bshepard@telalaska.com,O=mukluk tel co inc,l= , Date:5/19/2014</p>	
<p>Date: <b>5/19/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Brenda Shepard</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-563-2003</b></p>					
Study Area Code of Reporting Carrier	<b>613016</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
Name of Reporting Carrier: ALASKA TEL CO					
Signature of Authorized Officer or employee: Michael Garrett <small>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</small>				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	
<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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NUSHAGAK ELEC &amp; TEL</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michael Megli</span></p>				<p><small>Digitally signed by Michael Megli DN:cn=Michael Megli,email=mmegli@nushagak.coop,O=nushagak elec &amp; tel,l=Dillingham AK 99576, Date:5/12/2014</small></p> <p>Date: <span style="color: blue;">5/12/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Michael Megli</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">General Manager</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">907-842-5251</span></p>					
Study Area Code of Reporting Carrier	613018		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>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>OTZ TEL COOPERATIVE</b></p>					
<p>Signature of Authorized Officer or employee: <b>Doug Neal</b></p>				<p>Digitally signed by Doug Neal DN:cn=Doug Neal,email=dneal@otz.net,O=otz tel cooperative,l=Kotzebue AK 99752, Date:5/13/2014</p>	
<p>Date: <b>5/13/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Doug Neal</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-442-1000</b></p>					
Study Area Code of Reporting Carrier	<b>613019</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>YUKON TEL CO INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Paula Eller</b></p>				<p>Digitally signed by Paula Eller DN:cn=Paula Eller,email=paula@yukontel.com,O=yukon tel co inc, Date: 5/14/1420</p>	
				<p>Date: <b>5/20/2014</b></p>	
<p>Printed name of Authorized Officer or employee: <b>Paula Eller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary/Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>907-745-5363</b></p>					
Study Area Code of Reporting Carrier	<b>613025</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>6/16/2014</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">NORTH COUNTRY TEL CO</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">Michael Garrett</span></p>				<p><small>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</small></p> <p>Date: <span style="color: blue;">5/12/2014</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Michael Garrett</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">COO - Executive VP</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">360-385-1733</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">613026</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

613028

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

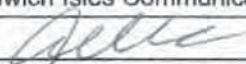
**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				The Summit Telephone & Telegraph Company of Alaska	
Signature of authorized officer			Date		05/16/2014
Printed name of authorized officer			Jamie Kline		
Title or position of authorized officer			Secretary/ Treasurer		
Telephone number of authorized officer:			(907) 389-1012 ext.		
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 Eligibility for CAF/ICC Recovery			
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).			
Name of Reporting Carrier: Sandwich Isles Communications, Inc.			
Signature of authorized officer: 		Date: 5/1/14	
Printed name of authorized officer: Janeen-Ann A. Olds			
Title or position of authorized officer: President			
Telephone number of authorized officer: (808) 524-8400			
Study Area Code of Reporting Carrier: 623021		Filing Due Date for this form (mm/dd/yyyy): 6/16/2014	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">TELEGUAM HOLDINGS</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue; font-weight: bold;">John Brady</span></p>				<p><small>Digitally signed by John Brady DN:cn=John Brady,email=jbrady@gta.net,O=teleguam holdings,lf= , Date:5/7/2014</small></p>	
<p>Date: <span style="color: blue;">5/7/2014</span></p>					
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">John Brady</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">CFO</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">671-644-0013</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">663800</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">6/16/2014</span>	
<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>					

673900

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery			
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Name of Reporting Carrier AMERICAN SAMOA TELECOMM. AUTHORITY			
Signature of authorized officer 		Date	05/20/2014
Printed name of authorized officer BILL EMMESLEY			
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

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>			
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>			
Name of Reporting Carrier <b>See Attached List</b>			
Signature of authorized officer <i>Michael T Skrivan</i>		Date <b>5/15/14</b>	
Printed name of authorized officer <b>Mike T. Skrivan Michael T Skrivan</b>			
Title or position of authorized officer <b>Vice President, Regulatory</b>			
Telephone number of authorized officer: <b>(207) 535-4150</b>			
Study Area Code of Reporting Carrier		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>			



## 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 Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: C-R TEL CO</p>					
<p>Signature of Authorized Officer or employee: Michael Skrivan</p>				<p>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=c-r tel co,l= , Date:11/9/2014</p>	
<p>Date: 11/9/2014</p>					
<p>Printed name of Authorized Officer or employee: Michael Skrivan</p>					
<p>Title or position of Authorized Officer or employee: Vice-President Regulatory</p>					
<p>Telephone number of Authorized Officer or employee: 207-535-4150</p>					
Study Area Code of Reporting Carrier	341009		Filing Due Date for this form (mm/dd/yyyy)	11/14/2014	
<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 Eligibility for CAF/ICC Recovery					
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<p>Name of Reporting Carrier: <b>ODIN TEL EXCH INC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Michael Skrivan</b></p>				<p>Digitally signed by Michael Skrivan DN:cn=Michael Skrivan,email=mskrivan@fairpoint.com,O=odin tel exch inc, Inc, Date:11/9/2014</p>	
<p>Date: <b>11/9/2014</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Michael Skrivan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Vice-President Regulatory</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>207-535-4150</b></p>					
Study Area Code of Reporting Carrier	<b>341065</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>11/14/2014</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>					

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer

*Kevin G. Hess*

Date 05/16/2014

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

**See TDS  
TELECOM  
ILEC Listing  
Below**

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**

ATTACHMENT 1

190217-Amelia Telephone Corp.	300585-Arcadia Telephone Co.
452171-Arizona Telephone Co.	532404-Asotin (OR) Telephone Co.
522404-Asotin (WA) Telephone Co.	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.
320744-Camden (IN)Telephone & Telegraph Co.	
310685-Chatham Telephone Co.	401698-Cleveland County Telephone Co.
100005-Cobboseecontee Telephone Co.	320776-Comm. Corp. of Indiana
310672-Comm. Corp. of Michigan	320809-Comm. Corp. of So. Indiana
300607-Continental Telephone Co.	401699-Decatur Telephone Co.
462184-Delta County Tele-Comm, Inc.	150089-Deposit Telephone Company, Inc.
330875-Dickeyville Telephone Co.	330914-Eastcoast Telecom, Inc.
150092-Edwards Telephone Co., Inc.	330880-Farmer's Telephone Co.
330930-Grantland Telecom, Inc.	100010-Hampden Telephone Co.
542321-Happy Valley Telephone Co.	100011-Hartland & St. Albans Tel. Co.
532377-Home (OR) Telephone Co.	320778-Home (Waldron) Telephone Co.
320777-Home Telephone of Pittsboro, Inc.	542322-Hornitos Telephone Co.
290566-Humphreys County Telephone Co.	310677-Island (MI) Telephone Co.
120045-Kearsarge Telephone Co.	361413-KMP
260411-Leslie County Telephone Co.	522427-Lewis River Telephone Co.
260412-Lewisport Telephone Co.	300613-Little Miami Comm. Corp.
140058-Ludlow Telephone Co.	170183-Mahanoy & Mahantango Tel. Co.
240533-McClellanville Telephone Co.	522430-McDaniel Telephone Co.
123321-MCTA, Inc. (Inc. Hollis Tel.)	320788-Merchants & Farmers
120047-Merrimack County Telephone	432010-Mid-America Telephone Co.
330909-Midway Telephone Co.	330915-Mosinee Telephone Co.
287449-Myrtle	193029-New Castle Telephone Co.
421928-New London Telephone Co.	140061-Northfield Telephone Co.
240535-Norway Telephone Co.	250311-Oakman Telephone Co., Inc.
300645-Oakwood Telephone Co.	421934-Orchard Farm Telephone Co.
150114-Oriskany Falls Telephone Corp.	250314-Peoples Telephone Co.
140062-Perkinsville Telephone Co., Inc.	150118-Port Byron Telephone Co.
472230-Potlatch Telephone Co.	330943-Riverside Telecom, Inc.
320816-S & W Telephone Co.	260417-Salem Telephone Co., Inc.
230498-Saluda Mountain Tel. Co.	330945-Scandinavia Telephone Co.
230500-Service Telephone Co., Inc.	310726-Shiawassee Telephone Co.
100024-Somerset Telephone Co.	283301-Southeast Miss. Tel. Co.
330952-Southeast Wisconsin Tel. Co.	452174-Southwestern Telephone Co.
240544-St. Stephen Telephone Co.	421951-Stoutland Telephone Co.
170206-Sugar Valley Telephone Co.	330958-Tenney Telephone Co.
100007-The Island (ME) Telephone Co.	330955-The State Long Distance Telephone Co.
320829-Tipton Telephone Company	150129-Township Telephone Co.
320830-Tri-County Telephone Co.	120049-Union Telephone Co.
300662-Vanlue Telephone Co.	150133-Vernon Telephone Co.
190253-Virginia Telephone Co.	100031-Warren Telephone Co.
330968-Waunakee Telephone Co.	100034-West Penobscot Tel. & Tele. Co.
320837-West Point Tel	240551-Williston Telephone Co.
120050-Wilton Telephone Company	361507-Winsted Telephone Co.
542323-Winterhaven Telephone Co.	310738-Wolverine Telephone Co.
432034-Wyandotte Telephone Co.	

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer

*Kevin G. Hess*

Date 09/17/2014

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

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

**September  
2014**

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**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 Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier **See TDS Telecom ILEC Listing Below**

Signature of Authorized Officer

*Kevin G. Hess*

Date 11/05/2014

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

**See TDS  
TELECOM  
ILEC Listing  
Below**

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

**November  
2014**

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250311-Oakman Telephone Co., Inc.